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National Highway Traffic Safety Administration

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AIR BAG ACCIDENT INVESTIGATION

CASE NO. 93-04

, MICHIGAN

TECHNICAL REPORT

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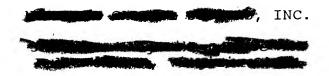
The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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AIR BAG ACCIDENT INVESTIGATION CASE NO. 93-04

, MICHIGAN

Contract No. DTHN 22-87-C-17169

Prepared for:

U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590

NCSI In-Depth Case No. 93-04

Summary

This report is an in-depth vehicle accident study involving a 1993 Dodge Intrepid (case vehicle), a 1992 Plymouth Sundance (Vehicle 2), and a 1986 Buick Century (Vehicle 3). The Intrepid was equipped with both a driver's side and passenger side supplemental air bag system which deployed during the accident. The Sundance was equipped with a driver's side supplemental air bag system which also deployed during the accident.

The accident occurred on State Route (The Intrepid was travelling southbound in Michigan. the number three lane (third lane from the curb). The Sundance was also travelling southbound in the number one lane. The Century was travelling northbound in the number one lane. According to witnesses, the Century attempted a left hand turn from the number one lane (crossing six lanes of traffic) into a private business entrance. The Century avoided collisions with all other northbound traffic but was initially struck on the right side with the front end of the Intrepid. After initial impact with the Intrepid, the Century began to rotate in a clockwise direction. As it crossed into the number one southbound lane it was struck on its left side by the front left corner of the Sundance. These two vehicles experienced some snagging and rotated together in a counter-The Sundance separated from the Century, clockwise direction. continued to rotate in a counter-clockwise manner, tripped on its right side wheels and rolled one quarter turn impacting a luminaire The luminaire pole was located on the west pole with its roof. roadside.

Following impact, the Intrepid rotated clockwise approximately eighty degrees, coming to rest nearly sideways and occupying both the number two and three southbound lanes. The final resting position of the Sundance was approximately fifty degrees counterclockwise from its original heading. The Sundance came to rest on its right side with its roof against a luminaire pole located on the west roadside. The Century came to rest facing north in the number one southbound lane. No physical evidence was present at the time of scene inspection other than scattered vehicle debris (swept to the west roadside) and the struck luminaire pole.

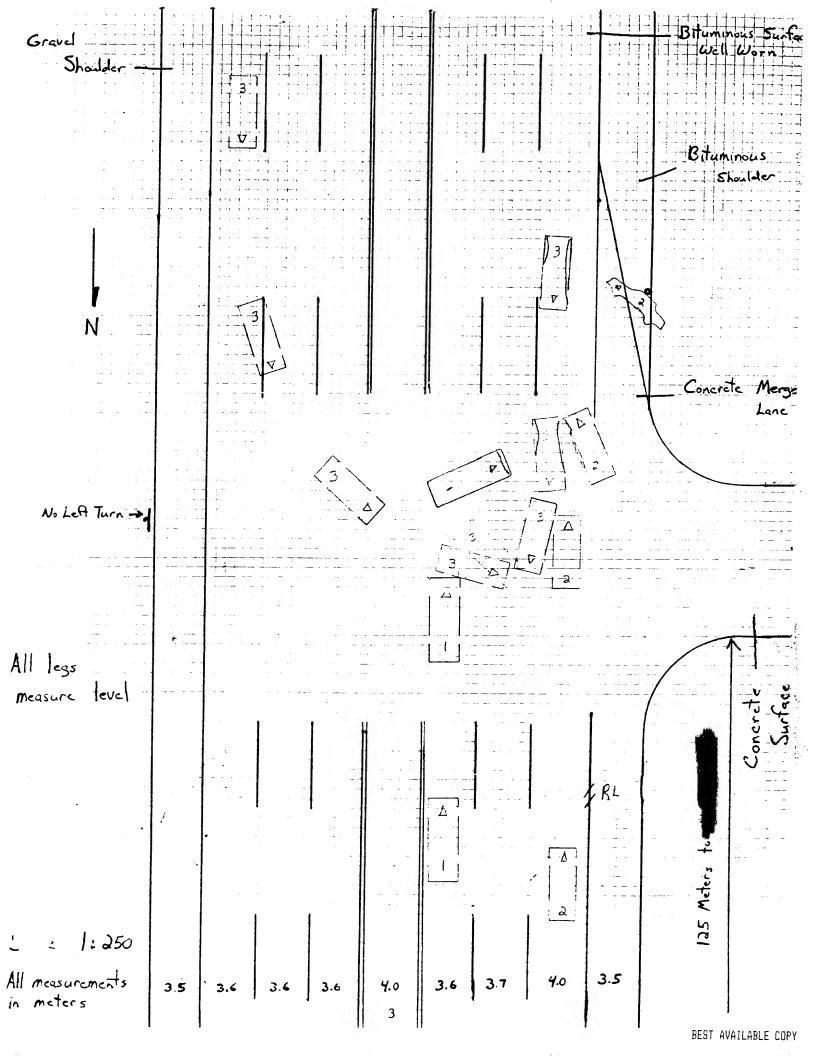
The Intrepid was nearly completely repaired at the time of The interior, however, had not yet been repaired inspection. including both the driver's and passenger's air bags. conclusions could be deduced based on the investigation, body shop The Intrepid sustained personnel statements, and interviews. probable frontal direct damage with a nearly full undocumented) CDC of 11-FDEW-2. This is based on the corresponding damage to Vehicle 3, body shop descriptions, and the following list of replaced parts: windshield (stress damage only), hood, both front fenders, radiator assembly, front core (bumper), grille, RF frame rail, and the power steering and air conditioning pulleys. All doors remained fully functional with no damage. The investigation revealed no available photographs of this vehicle's damage. No computer models could be employed to determine a Delta-V for the Intrepid/Sundance impact as the front damage information for the Intrepid was unknown. Vehicle 3 was assigned a CDC of 02-RZEW-3 for this impact.

The driver of the Intrepid, who was protected by her manual lap and shoulder belt as well as a driver's side air bag, sustained muscle strains to the thoracic and cervical spine areas, an abrasion to the right forearm, and a contusion to the left ring finger. The RF passenger, who also was protected by a manual lap and shoulder belt as well as a passenger side air bag, sustained an abrasion to his right lower leg and claimed some swelling to all digits on both hands. The two rear seat occupants also were protected by manual lap and shoulder belts and claimed no injuries.

The Sundance (Vehicle 2) impacted Vehicle 3 in the number one southbound lane. Vehicle 3 was in a rapid clockwise rotation at the time of impact with Vehicle 2. The assigned CDC for Vehicle 2 was 12-FRAE-9 as the impact initiated through the frontal plane and left side damage extended 40 cm rearward of the rear axle. Vehicle 3 was assigned a CDC of 10-LDEW-3 for this impact. While a CRASH III computer model was executed for this impact (see Appendix D), physical evidence demonstrates that significant snagging occurred during this collision which invalidates the model. Vehicle 2 and 3 rotated together in a clockwise direction. Upon separation, Vehicle 3 rolled backward to its final resting position while vehicle 2 continued to rotate until it tripped on its right side Vehicle 2 rolled one quarter turn and impacted a luminaire pole where it came to its final resting position. This resulted in two additional CDCs being assigned to Vehicle 2 of 00-RDAO-2 and 00-TPDN-2.

The driver of Vehicle 2, who was protected by a manual lap and shoulder belt as well as a driver's side air bag, sustained only minor lacerations across her face and a minor abrasion to her right wrist.

Driver 3 was not interviewed and received unknown type injuries. Inspection of Vehicle 3 indicated that this driver was protected by a manual lap and shoulder belt.



NCSI IN-DEPTH ACCIDENT INVESTIGATION AIR BAG ACCIDENT INVESTIGATION

FLEET - Private Owner
LOCATION - Michigan
CASE NO. - 93-04

IDENTIFICATION

Location/Street:

State Route

Area/Type:

Urban/Commercial

Accident Date/Time:

or barry commercial

1993 at hours

Notification Date:

1993

Investigating Police Agency:

Car v. Car, Angle

Car v. Car, Angle Car v. Rollover into Pole

Accident Type:

Case Vehicle (V-1)

Occupant Injury Severity:

AIS-1, Minor

AMBIENCE

Viewing *Conditions:

Daylight

Weather:

Cloudy

Precipitation:

Light rain (contrary to PAR)

Road Surface:

Wet (in agreement with PAR)

ROADWAY

Location:

Type:

Arterial

Width:

26 meters

Number of Lanes:

Seven (turn lane included)

Median:

Center turn lane, 4 meters wide

ROADWAY, CONTINUED

Surface Material: Asphaltic aggregate, polished

Road Edge: West side, paved East side, gravel

______ , , , , , , .

Coefficient of Friction: .55 (estimated)

Vertical Alignment: Level, all approaches

Horizontal Alignment: Straight, all approaches

TRAFFIC CONTROLS

Traffic Density:

Signals/Signs: Signals present but inactive at

time of collision

Moderate to heavy

Speed Limit: 72 KPH (45MPH)

VEHICLES

Case Vehicle Vehicle 2 Vehicle 3

Year: 1993 1992 1986

Make: Dodge Plymouth Buick

Model: Intrepid Sundance Century

Body Style: 4 Door 3 Door 4 Door

VIN: 2B3ED56T8PH* 3P3XP64K2NT* 1G4AL19R1GT*

Exterior Color: Gray Blue Brown

Odometer Reading: 10,716 KM 5,612 KM 117,725 KM

Securiflex

Windshield: Not Present Not Present Not Present

Windshield Damage: Yes Yes Yes

Engine: V6, 3.3L I4, 2.2.L V6, 3.8L

Transmission: Automatic, Automatic, Automatic, Floor Mount Floor Mount Column Mount

Steering: Power Assisted Power Asstd. Power Asstd.

| VEHICLES, CONTINUED | Case Vehicle | Vehicle 2 | Vehicle 3 |
|--|--|--|--|
| Brake System: | Front Disc, Rear Drum | Front Disc, Rear Drum | Front Disc, Rear Drum |
| Interior Padding: | Instrument panel, door panels, arm rests, head restraints, sunvisors | Instrument panel, door panels, arm rests, head restraints, sunvisors | Instrument panel, door panels, arm rests, head restraints, sunvisors |
| Driver Active Restraint System Availability: | Active 3 point | Active 3 point | Active 3 point |
| Driver Active Restraint System Usage: | In use | In use | In use |
| Usage Sources: | Inspection, PAR, Interview | Inspection, PAR, Interview | Inspection, PAR |
| Passive Restraint System: | Driver and Passenger Air Bag | Driver Air Bag | None |
| Passive Restraint Function: | Proper Deployment | Proper Deployment | N/A |
| VEHICLE DAMAGE | | | |
| Object Struck: | Vehicle 3 | V3, rollover, luminaire pole | |
| Event Number: | 1 | 2,3,4 | 1,2 |
| Damage Location: | Front | F, R, T | R, L |
| CDC: | 99-F9EW-9 | 12-FLAE-9 00-RDAO-2 00-TPDN-2 | 02-RZEW-3 10-LDEW-3 |
| Tow Status: | Towed due to damage | Towed due to damage | Towed due to damage |

VEHICLE DAMAGE, CONTINUED

Exterior Damage:

Case Vehicle (V1):

The frontal surface of V1 struck the right rear quarter panel of V3. V1 was under repair at the time of inspection and the damaged parts were no longer available. No photographs were available showing V1's damage. The following parts were damaged and replaced by the body shop: bumper/nose cone, core support, hood, RF fender, LF fender, radiator, power steering pulley, air conditioning pulley, grille, RF frame rail, and windshield. An interview with the repairman revealed the following: the windshield suffered from stress fracture damage only - no spiderweb or impact damage present, no tire or wheel damage occurred, no steering system damage occurred, and no door, hinge or latch damage occurred.

Vehicle 2:

Vehicle 2's initial impact was at the LF bumper corner as V3 was rotating into V2's path (post-impact trajectory from impact #1 with V1). V2 struck the LR quarter panel of V3. The two vehicles were in a side-to-side impact configuration at maximum engagement. V2 sustained minimal frontal damage as maximum crush at the bumper corner was 9.5 cm, however, damage extended 373 cm down the left side of the vehicle. Damage patterns to the two vehicles indicate that a snag occurred as the vehicles rotated clockwise together. The damage to V2's front and left side was judged to be one continuous impact and a CDC of 12-FLAE-9 was assigned. components from this impact included the front bumper, left fender, left door, left A-pillar, left quarter panel, hood, and windshield. Damage from the rollover sequence was assigned a CDC of 00-RDAO-2 and displayed minor surface damage to all components on the right side. The impact with the luminaire occurred while the vehicle was This impact was also relatively minor and assigned a on its side. No intrusions occurred as a result of this CDC of 00-TDPN-2. The direct damage consisted of a 7 cm wide dent that extended laterally between the roof rails at the B-pillars.

Vehicle 3:

Vehicle 3 was initially struck on the right rear quarter panel by the front of V1. Direct damage was measured to be 164 cm with a field L of 187 cm. A D value was calculated to be -158 cm. Damage was restricted to the rear bumper corner, right rear quarter panel, right rear door, and trunk lid. Maximum crush was measured to be 31.3 cm and located at C3. A CDC of 02-RZEW-3 was assigned.

Vehicle 3's second impact was located on the left side of this vehicle. Direct damage indicated that the left front bumper corner of V2 impacted the left rear wheelwell area of V3 just behind the

VEHICLE DAMAGE, CONTINUED

tire. The damage extends from the left rear bumper corner to 36 cm forward of the left front axle. Direct damage was measured to be 396 cm while the field L was measured at 400 cm. The D value was calculated to be -25 cm. Maximum crush was measured to be 40 cm and located at C2. A CDC of 10-LDEW-3 was assigned for this impact. The LR and RR tires showed excessive wear including exposure of the steel cords.

Interior Damage:

Case Vehicle (V1):

Interior damage to the case vehicle was minimal. A total of eleven occupant contacts were noted: four cloth transfers were noted on the driver's knee bolsters, two scuffs on the instrument panel below the passenger air bag compartment, one scuff on the rear of each front seatback, a crack in the plastic cover of the lower right B-pillar, a lipstick transfer on the driver's air bag, and a scuff on the passenger side air bag. The rear view mirror was knocked off its mounting position (on the upper center windshield) which is believed to not be associated with occupant contact. shop windshield suffered fracture damage (per body stress personnel). The vehicle interior demonstrated no integrity loss or intrusions. The distance between the front seat positions and the air bag modules were measured as follows: LF - headrest to top of steering wheel was 79 cm, front of seat bottom to dash was 18 cm, RF - headrest to front of dashboard was 77 cm, front of seat bottom to bottom of glove box was 30 cm. These measurements represent the front seats at their forward most position. This position was verified during the driver interview.

Vehicle 2:

Vehicle 2 showed integrity loss as both right and left front windows were disintegrated during the course of the accident. The windshield displayed both contact and stress fracture damage. Intrusions were noted at the left rear seating position of the door panel and B-pillar (11 and 14 cm, respectively). Very minor (not codeable) intrusion was noted at the driver's door panel (2.5 cm). No damage or intrusion was noted to either the vehicle dashboard area or the roof. A total of three possible occupant contacts were noted: two separate lipstick transfers on the driver's air bag and a spiderweb-type fracture to the windshield in the passenger side area.

Vehicle 3:

The passenger compartment of Vehicle 3 displayed a total of eight intrusions. Five of these were codeable while three were not. The intrusions noted were as follows: left C-pillar, LR door panel,

VEHICLE DAMAGE, CONTINUED

left B-pillar, right C-pilar, RR door panel, LF door panel, LR roof rail, and LF roof rail. Corresponding intrusion amounts were noted as: 33.5, 29.6, 8.0, 6.0, 4.5, 1.5, 1.5, and 1.0 cms. respectively. Seven occupant contact points were also noted: left sunvisor, left A-pillar, right side windshield, LF armrest, left door surface, left B-pillar, and the RF headrest.

COLLISION SEQUENCE

Pre-Crash:

At approximately hours on 1993, the case vehicle, a 1993 Dodge Intrepid equipped with both driver's side and passenger side air supplemental air bag restraint systems, was travelling southbound in the number three lane of SR-1 in Michigan. A 1992 Plymouth Sundance was also travelling southbound on SR-1 but in the number one lane and slightly behind the Intrepid. A 1986 Buick Century was travelling northbound in the number one lane of SR-1. For unknown reasons, the Century made a wide left turn, crossing several lanes of traffic and into the southbound lanes.

Crash:

The frontal surface of the Intrepid struck the right rear surface of the Century as the Century crossed the Intrepid's path of travel. The collision was of sufficient magnitude to cause deployment of the Intrepid's driver and passenger air bag modules.

Post-Crash:

After impact with the Century, the Intrepid rotated approximately eighty degrees and came to a rest occupying both the number two and three northbound lanes. The Century rotated approximately ninety degrees while its CG continued to move in a westerly direction across the southbound lanes. The Century was then struck on the right side by the Sundance with its front left corner. vehicles rotated together in a counterclockwise direction (some snagging occurred) while their CGs travelled in a south westerly direction. As the vehicles separated, the Century rolled backwards in a southerly direction and came to rest facing north in the The Sundance, while rotating one southbound lane. counterclockwise and traveling in a south westerly direction, left the travel lanes and tripped on its right wheels. The Sundance rolled one quarter turn and impacted a luminaire pole with its The Sundance came to rest on its right side, against this pole, facing south/southeast.

Police Activities:

The was notified of the accident at hours. Response time was not reported. No photographs were taken by the police.

Rescue Activities:

No vehicles displayed signs of extrication equipment usage. According to PAR information and interviews, all three drivers were taken to a second search revealed that no record of treatment could be found for any of the three victims.

VEHICLE VELOCITY ESTIMATES

A CRASH III computer reconstruction could not be executed for impact #1 (between case vehicle and vehicle 3) due to lack of damage information on the case vehicle. An OLDMISS computer reconstruction of this impact also could not be executed as the end damage information was lacking. The impact, however, was of sufficient magnitude to cause deployment of the Intrepid's air bag modules.

A CRASH III computer reconstruction was executed for impact #2 (between V2 and V3) and yielded a speed change (Delta-V) of 19 KPH for V2 and 18 KPH for V3. This reconstruction should be considered as borderline due to the two vehicles snagging while in rotation.

RELEVANT SAFETY ISSUES

Applicable Standards: FMVSS 208

Occupant Crash Protection: The 1993 Dodge Intrepid was equipped with a factory installed driver and passenger supplemental air bag restraint system. Both air bag modules deployed on impact, reducing the severity of the injuries to the driver and right front passenger.

The 1992 Plymouth Sundance was equipped with a factory installed driver supplemental air bag restraint system. The driver air bag module deployed on impact, reducing the severity of the injuries to the driver.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data

Age: 37

Sex: Female

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data, Continued

170 cm Height:

Weight: 68 kg

Normal, upright, both hands on Posture:

wheel

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3 point lap and shoulder belt

Vehicle inspection, PAR, interview Usage Source:

Physical State: No reported disorders

Psychological

State: Apparently normal

Vision: Eyeglasses worn, corrected to 20/20

Jewelry Present: Ring worn on ring finger of each

hand

Driver Education: High school program

Vehicle Familiarity: Good

Trip Plan: To home

Route Familiarity: Daily

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: Treated and Released

DRIVER INJURIES

Injury Description Severity Source

Cervical Strain Minor, AIS-1 Restraint System Minor, AIS-1 Minor, AIS-1 Thoracic Strain Restraint System

Abrasion, Right Forearm Air Bag Contusion, Left Ring Finger Minor, AIS-1 Air Bag

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data, Continued

Injury Coding (NASS CDS Protocol)

1st 7-6-4-02-78-1-6-41-1-1-00

2nd 7-6-4-04-78-1-7-41-1-1-00

3rd 7-7-9-02-02-1-1-45-1-1-00

4th 7-7-9-04-02-1-2-45-1-1-00

Driver Kinematics

The driver was apparently seated in a normal position behind the wheel, both hands on the wheel, left foot on the floor and right foot on the accelerator. She was fully restrained by the active three-point lap and shoulder belt system of the Intrepid. In response to the frontal impact force she moved forward relative to the vehicle interior, striking the deployed air bag. Her knees struck the bolsters below the steering column although no injury was reported. Her arms were knocked off the steering wheel as a result of the air bag deployment causing an abrasion to the right forearm and a contusion to her left ring finger. Her eyeglasses remained on her face, somewhat ajar, but did not cause injury or damage to either the eyeglasses or air bag.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #2

Occupant Data

Age: 10

Sex: Male

Height: 122 cm

Weight: 32 kg

Posture: Normal, upright

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Jewelry Present: No jewelry or eyeglasses present

Manner of Leaving Scene: Unknown

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #2

Occupant Data, Continued

Medical Treatment: None

OCCUPANT #2 INJURIES

Injury Description Severity Source

Abrasion, Right Lower Leg Minor, AIS-1 Air Bag

Injury Coding (NASS/CDS Protocol)

1st 7-8-9-02-02-1-1-45-1-1-00

OCCUPANT KINEMATICS

The front right occupant of the Intrepid was fully restrained by the active three-point lap and shoulder belt system of the Intrepid. Upon impact with the Century, he moved forward relative to the vehicle interior, striking the deployed passenger air bag. This caused an abrasion to his right lower leg (just below the knee area).

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #3

Occupant Data

Age: 14

Sex: Male

Height: * 178 cm

Weight: 66 kg

Posture: Normal, upright

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Manner of Leaving Scene: Unknown

Medical Treatment: None

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #3

Occupant Data, Continued

OCCUPANT INJURIES

The left rear occupant of the Intrepid (Occupant #3) was not injured in this collision.

OCCUPANT KINEMATICS

The left rear occupant was fully restrained by the active threepoint lap and shoulder belt system of the Intrepid. In response to the frontal impact force, he moved forward relative to the vehicle interior. Apparently the hands of this occupant struck the rear of the seatback in front of him without causing injury.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/ OCCUPANT #4

Occupant Data

Age: 12

Sex: Male

Height: 170 cm

Weight: 68 kg

Posture: Normal, upright

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Manner of Leaving Scene: Unknown

Medical Treatment: None

OCCUPANT INJURIES

The right rear occupant of the Intrepid was not injured in this accident.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #4

Occupant Data, Continued

OCCUPANT KINEMATICS

The right rear occupant of the Intrepid was in a normal, upright position and fully restrained by the active three-point lap and shoulder belt of the Intrepid. In response to the frontal impact force, he moved forward relative to the vehicle interior. Apparently the hands of this occupant struck the rear of the seatback in front of him and his right foot struck the lower B-pillar without causing injury.

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #2

Driver Data

Age: 26

Sex: Female

Height: 173 cm

Weight: 61 kg

Posture: Normal, upright, both hands on

wheel

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Physical State: No reported disorders

Psychological State: Apparently normal

Vision: Contacts worn, corrected to 20/20

Jewelry Present: None present

Driver Education: High School program

Vehicle Familiarity: Good

Trip Plan: To home

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #2

Driver Data, Continued

Route Familiarity: Daily

Manner of Leaving Scene: Ambulance

Medical Treatment: Treated and Released

DRIVER INJURIES

Injury Description Severity Source

Multiple facial lacerations Minor, AIS-1 Flying glass

Abrasion, right wrist Minor, AIS-1 Air Bag

Injury Coding (NASS CDS Protocol)

1st 7-2-9-06-02-1-0-91-1-3-00 2nd 7-7-9-02-02-1-1-45-1-1-00

DRIVER KINEMATICS

The driver was apparently seated in a normal position with both hands on the steering wheel, right foot on the accelerator and left foot on the floor. She was fully restrained by the active three-point lap and shoulder belt system of the Sundance. In response to the frontal impact force she moved forward relative to the vehicle interior striking the deployed driver air bag. The deployment of the air bag caused a minor abrasion to the right wrist of the driver. As the vehicle rotated in a counterclockwise manner and tripped on its right wheels, she apparently struck the air bag again as the vehicle rolled onto its side. This left a smearing type lipstick mark on the upper right portion of the air bag. During the course of the accident, both right and left front windows disintegrated causing several minor lacerations to the face of the driver.

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #3

Driver Data

Age: 27

Sex: Female

Height: Unknown

Weight: Unknown

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #3

Driver Data, Continued

Posture: Unknown

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR

Physical State: No reported disorders

Psychological State: Unknown

Vision: Unknown

Jewelry Present: Unknown

Driver Education: Unknown

Vehicle Familiarity: Unknown

Route Familiarity: Unknown

Trip Plan: Unknown

Manner of Leaving Scene: Ambulance

Medical Treatment: Unknown

DRIVER INJURIES

The driver of vehicle 3 suffered unknown type injuries (non-fatal).

LIST OF ATTACHMENTS

Appendix A: Police Accident Report

Appendix B: NASS/CDS Data Collection Forms

Appendix C: Air Bag Supplement Forms

Appendix D: CRASH 3 Output

APPENDIX A

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4 4 5 6 0 4 6

| ▲ Unit Sum | Criver Liberies Number | | | BEST AVAILABLE COPY |
|--|--|--|--|---------------------------------------|
| Number M | A-1 | | Date of Birth | License Type Sex Hexard |
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APPENDIX B

U.S. Department of Transportation

National Highway Traffic Safety

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU NCSI

CASE NO. 93-04

TYPE OF ACCIDENT Three Vehicle; angle, angle, roll

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vl was travelling SB in #3 lane of a 7 lane arterial. V2 was also travelling SB but in the #1 lane. V3 was travelling NB in the #1 lane. V3, for unknown reasons made a left turn across all lanes and was struck on the right rear by the front of V1. V3 then rotated in a CW manner approximately 80 degrees and was struck on the left side by the front of V2. V2 and V3 snagged while rotating CCW. Upon separation, V2 tripped on its right wheels and rolled one quarter turn and impacted a luminaire pole with its top

V1 was equipped with both driver and passenger supplemental air bags.

Both air bags deployed as a result of the frontal impact with V3.

V2 was equipped with a driver air bag which also deployed as a result of its impact with V3.

V2s impact with the luminaire pole was minor and caused no damage to the pole.

| | | B. VEHIC | LE PROFILE | S) | | |
|---------------------------------------|--|-------------------|--------------|------------------------------|--|--|
| e de Listan | Most Severe Damage Based on Vehicle Inspection | | Class | | | |
| Vehicle No. | of y Vehicle | Year/Make/Model | Damage Plane | Severity *** Description *** | Component Compon | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Full size | 1993 Dodge Intrep | id F | Moderate | None | |
| . 2 | Subcompact | 1992 Ply. Sundand | e F & L | Moderate | None | |
| 3 | Subcompact | 1986 Buick Centur | y L & R | Moderate | None | |
| | w 1 . | | | . 0 % | | |
| | | | | | | |



U.S. Department of Transportation National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

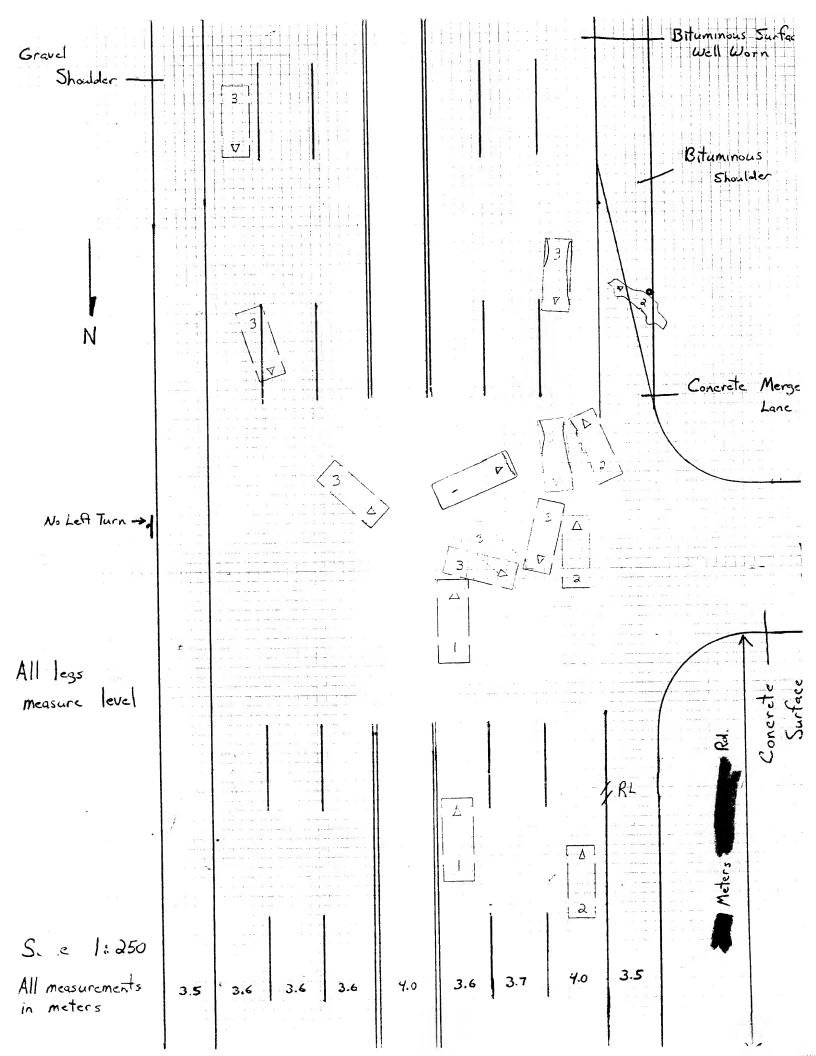
NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number $\underline{\mathit{NC}}\,\underline{\mathit{SI}}$

Case Number – Stratum 930

| ACCIDENT COL LEVEL I | LISION DIAGRAM LEVEL II (Cont'd) | , | CRASH DA | A T A | |
|---|--|--|----------|--------------------|--------------|
| PHYSICAL EVIDENCE ABSENT | physical evidence is present: | · · | MASH D | 717 | |
| | | | VEH. #1 | VEH. #2 | VEH. #3 |
| To be accomplished when there is no physical evidence present at the scene: * approximate vehicle orientation at impact | * document reference point and reference line relative to physical features present at the scene | Heading Angle | 00 | 00 | 104 |
| and final rest | * scale documentation of all accident induced physical evidence | | bit | L.+ | 194 L-T |
| applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) | * scaled documentation of all roadside objects contacted | Surface Type | well | <u>bit</u> well | usell |
| applicable traffic controls (e.g., speed limit) | roadway surface type and condition of applicable roadways | Surface Condition | worn | work | worn |
| * north arrow placed on diagram * sketch required | * grade measurements for all applicable roadways and at location of rollover initiation | Grade (v/h) Measurement (between impac | level | level | <u>leucl</u> |
| | | and final rest) | • | | |
| LEVEL II PHYSICAL EVIDENCE PRESENT | * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: | Grade (v/h) Measurement | | level | |
| In addition to the level I tasks noted above, the following must be accomplished when | a) physical evidence, or b) reconstructed accident dynamics | (at location of rollover initiation | n) | | |

| Reference Point: NW geometric corner | _ Reference line: ω ed | e of |
|--------------------------------------|---|--|
| of and and | | |
| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
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U.S. Department of Transportation

Administration

National Highway Traffic Safety ACCIDENT FORM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

- and the state of the 2. Case Number - Stratum

IDENTIFICATION

3. Number of General Vehicle Forms Submitted



4. Date of Accident (Month, Day, Year)



. FARM SOLD 5. Time of Accident.

Tenfort in the disk River



patrule de made and de la constant d Code reported military time of accident.

A STATE OF THE STA NOTE: Midnight = 2400 Unknown = 9999 and the second second second

SPECIAL STUDIES - INDICATORS

Check (/) each special study (SS14-SS18 below) that has been completed; code 14 for the checked special studies and (0) for the special studies not checked.

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7. SS15 Administrative Use WAY WAY OF THE 到**的**基本,其实是这种企业的企业的企业。

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MORNING CONTROL

NUMBER OF EVENTS

11. Number of Recorded Events

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Code the number of events which occurred in this accident.

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other A CHEST STAN involved vehicle or object on the right.

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IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase \geq 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (\leq 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND

OTHER VEHICLES

TDC APPLICABLE VEHICLES

- (N) Noncollision (F) Front

- (L) Left side
- (B) Back

- (0) Not a motor vehicle (0) Not a motor vehicle
 - (N) Noncollision
 - (F) Front
 - (R) Right side (R) Right side
 - (L) Left side
 - (B) Back of unit with cargo (T) Top area (rear of trailer or straight truck)
 (U) Undercarriage (D) Back (rear of tractor)

 - (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 - (42) Tree (> 10 cm in diameter)
 - (43) Shrubbery or bush
 - (44) Embankment
 - (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but \leq 30 cm in² diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
 - (61) Ground
- (62) Fire hydrant
 - (63) Curb
 - (64) Bridge
 - (68) Other fixed object (specify):
 - (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | DATA STATUS OF VARIABLE NUMBERS 1-81 | | | | |
|--|---|--|--|--|--|
| 1. PSU Number NC5I | 1 2 3 4 5 6 7 8 9 10 11 | | | | |
| 2. Case Number—Stratum 9304 | | | | | |
| 3. Assigned Researcher Number | | | | | |
| 4. PSU Reviewer Number | 12 13 14 15 16 17 18 | | | | |
| 5. Sample Date Notified 193 | | | | | |
| 6. Date Scene Field Work Completed 193 | 19 20 21 22 23 24 25 | | | | |
| TO BE COMPLETED BY ZONE CENTER | | | | | |
| 7. Type of Scene Inspection | 26 27 28 29 30 31 32 | | | | |
| (1) No physical evidence (2) Drive by (photos only) | | | | | |
| (3) Physical evidence present | 33 34 35 36 37 38 39 | | | | |
| 8. Field Documentation Of Physical Plant (0) Not applicable | | | | | |
| (1) Substandard - beyond researcher control (2) Substandard | 40 41 42 43 44 45 46 | | | | |
| (3) Standard | | | | | |
| 9. Field Documentation Of Physical Evidence | | | | | |
| (0) Not applicable (1) Substandard - beyond researcher control | 47 48 49 50 51 52 53 | | | | |
| (2) Substandard (3) Standard | | | | | |
| 10. Quality Of Scene Diagram | 54 55 56 57 58 59 60 | | | | |
| (0) Not applicable (1) Substandard - beyond researcher control | | | | | |
| (2) Substandard (3) Standard | 61 62 63 64 65 66 67 | | | | |
| 11. Number of Scene Slides | | | | | |
| 12. Scene Slides Subject Quality | 68 69 70 71 72 73 74 | | | | |
| (0) Not applicable (1) Substandard - beyond researcher control | | | | | |
| (2) Substandard (3) Standard | | | | | |
| 13. Scene Slides Quality | 75 76 77 78 79 80 81 | | | | |
| (0) Not applicable (1) Substandard - beyond researcher control | | | | | |
| (2) Substandard (3) Standard | \$ | | | | |
| 14. Number Of Researcher Coded Events | Data Status Codes: | | | | |
| 15. Number Of Events Added By Zone Center | (Blank) Correct (1) Derived error | | | | |
| 16. Number Of Events Deleted By Zone Center | (2) Non-correctable error (3) Correctable error (4) Change—no error | | | | |
| 17. Correct Stratum Character | (5) Sequencing error (7) Incorrect edit override | | | | |
| 18. Stratum Checked By (Initials) | (8) MDE error (9) Unknown coded | | | | |

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U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| 1. Primary Sampling Unit Number NCSI 2. Case Number - Stratum 9304 3. Vehicle Number 01 | 11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown | | | | | |
|---|--|--|--|--|--|--|
| VEHICLE IDENTIFICATION 4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify): Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown | Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: PAR | | | | | |
| 6. Vehicle Model (specify): | ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown | | | | | |
| Body Type Note: Applicable codes may be found on the back of this page. 8. Vehicle Identification Number | 45 mph X 1.6093 = 12.4/85kph 14. Attempted Avoidance Maneuver (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) | | | | | |
| QBBED56 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's | (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating | | | | | |
| 9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown | (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown | | | | | |
| 10. Police Reported Travel Speed 9 9 9 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown mph X 1.6093 =kph | 15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown | | | | | |
| **** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 **** | | | | | | |

| OCCUPANT RELATED | 24. Rollover |
|--|---|
| 16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown 17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown 18. Number of Occupant Forms Submitted | (0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): (5) Rolloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown |
| VEHICLE WEIGHT ITEMS | OVERRIDE/UNDERRIDE (THIS VEHICLE) |
| 19. Vehicle Curb Weight 1, 4 6 0 | |
| Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown | 26. Rear Override/Underride (this Vehicle) (0) No override/underride, or not an end-to-end impact |
| | Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): |
| Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown, | Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): |
| RECONSTRUCTION DATA 21. Towed Trailing Unit (0) No towed unit | (7) Medium/heavy truck or bus override (9) Unknown |
| (1) Yes—towed trailing unit (9) Unknown | HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V |
| 22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes | Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown |
| 23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): | 27. Heading Angle For This Vehicle <u>OOOO</u> 28. Heading Angle For Other Vehicle <u>IOOO</u> |

| The state of the s | Secondary Highest |
|--|--|
| 29. Basis for Total Delta V (highest) | 32. Lateral Component of Delta V 9 9 |
| Delta V Calculated | —————————————————————————————————————— |
| (1) CRASH program—damage only routine | Nearest kph |
| (2) CRASH program—damage and trajectory routine | (NOTE: 000 means greater than |
| (3) Missing vehicle algorithm | -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above |
| Delta V Not Calculated | (999) Unknown |
| (4) At least one vehicle (which may be this | \000/ O.I.I.I.O.III |
| vehicle) is beyond the scope of an acceptable | |
| reconstruction program, regardless of collision conditions. | 33. Energy Absorption $999, 900$ |
| (5) All vehicles within scope (CDC applicable) | Nearest 100 joules |
| of CRASH program but one of the collision | |
| conditions is beyond the scope of the CRASH | (NOTE: 0000 means less than 50 joules) |
| program or other acceptable reconstruction | (9997) 999,650 joules or more |
| technique, regardless of adequacy of damage | (9999) Unknown |
| data. | |
| (6) All vehicle and collision conditions are within | ·× |
| scope of one of the acceptable reconstruction | 34. Confidence In Reconstruction Program |
| programs, but there is insufficient data | Results (For Highest Delta V) |
| available. | (0) No reconstruction |
| | (1) Collision fits model — results appear |
| COMPUTER GENERATED DELTA V | reasonable |
| SOMI OTEN GENERATED DELTA V | (2) Collision fits model — results appear high |
| Secondary Highest | (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear |
| T | reasonable |
| Total Delta V | |
| Nearest kph | 35. Type of Vehicle Inspection |
| | (0) No inspection |
| (NOTE: 000 means less than | (1) Complete inspection |
| 0.5 kph) | (2) Partial inspection (specify): |
| (160) 159.5 kph and above | partially repaired |
| (999) Unknown | No coc documentation |
| 4 | |
| 31. Longitudinal Component of + 0 0 | 36. Is this an AOPS Vehicle? |
| Delta V - 9 9 9 | (0) No |
| | (1) Yes - researcher determined |
| Nearest kph | (2) VIN determined air bag system |
| | (3) VIN determined automatic (passive) belts |
| (NOTE: 000 means greater than | (4) VIN determined air bag and automatic |
| -0.5 kph and less than +0.5 kph) | (passive) belts |
| (±160) ±159.5 kph and above | |
| (999) Unknown | .~ |
| _ | |
| | |
| | <u> </u> |
| IC OI DEFICO APPLICATE TOTAL | THE VEHICLES AND TAKE |
| IS OLDMISS APPLICABLE FOR T | HIS VEHICLE? [:] YES [/] NO |
| IF YES: IS A COMPLETED OLDMISS PROGRA | M SUMMARY INCLUDED? [] YES [NO |

| Vatio | onal Accident Sampling System-Crashworthines | s Dat | a System: General Vehicle Forn | 1 | Page 4 |
|-------|--|-------|--|---------------------|----------|
| 37. | Police Reported Other Drug Presence (0) No other drugs present (1) Yes (other drug present) | 7 | DRUG EVALUATION OTHER DRUGS TEST RE | | |
| | (7) Not reported | | | DEC | Specimen |
| | (8) No driver present | | | Test | Test |
| | (9) Unknown | | | Results | Results |
| | (0) | | Narcotic Drug | 40. 🔾 | 41. 0 |
| | • | | Depressant Drug | 42 | 43. 💍 |
| | | | Stimulant Drug | 44 | 45. Ø |
| 38. | Police Reported Drug Evaluation Classification | 0 | Hallucinogen Drug | 46 | 47. 💍 |
| ••• | (DEC) Test For Driver | | Cannabinoid Drug | 48 | 49. 🔾 |
| | (0) No DEC process available or given | | Phencyclidine (PCP) | 50. 🔾 | 51. 0 |
| | (1) DEC process given, results known | | Inhalant Drug | 52. <i>O</i> | 53. 0 |
| | (2) DEC process given, results unknown | | Other Drug (Excluding | 54. 🔾 | 55. O |
| | (3) DEC process available, unknown if given | | Nicotine, Aspirin, Alcohol, | | - |
| | (8) No driver present | | Drugs Administered Post-Cra | sh) | |
| | | | Codes For DEC Test Resu | lts | |
| 30 | Other Drug Specimen Test Type For Driver | Ó | (0) No DEC test given | | |
| JJ. | (0) No specimen test given | | (1) Passed DEC test | | |
| | | | (2) Failed DEC test | | |
| | (1) Blood test | | (3) DEC test given—resul | te unknown | |
| | (2) Urine test | | | its dilkilowii | |
| | (3) Other specimen tests (specify): | | (8) No driver present (9) Unknown if DEC test | given | |
| | (7) Unspecified specimen test(8) No driver present(9) Unknown if specimen test given | | Codes for Specimen Test | Results | ţ |
| | (b) Chanowh ii Specimen test given | | (0) No specimen test give | en en | |
| | | | (1) Drug not found in spe | | |
| | | | (2) Drug found in specim | | |
| | | | (7) Specimen test given, | | wn or |
| | . * | | not obtained | results dilkilo | WII OI |
| | | | (8) No driver present | | |
| | | | (9) Unknown if specimen | toot given | |
| | | | (9) Offictiows it specimen | test Aiven | |
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| OTHER DATA | |
|---|---|
| | 61. Rollover Initiation Object Contacted |
| 56. Driver's Zip Code | |
| (00000) Driver not present | 62. Location on Vehicle Where Initial Principal |
| (00001) Driver not a resident of U.S. or territories | Tripping Force Is Applied |
| Code actual 5-digit zip code | (O) No rollover |
| (99999) Unknown | (1) Wheels/tires |
| · · | (2) Side plane |
| 57. Driver's Race/Ethnic Origin | (3) End plane |
| (0) Driver not present | (4) Undercarriage (5) Other location on vehicle (specify): |
| (1) White (non-Hispanic) | (3) Other location on Vehicle (specify). |
| (2) Black (non-Hispanic) (3) White (Hispanic) | (8) Non-contact rollover forces (specify): |
| (4) Black (Hispanic) | 10. |
| (5) American Indian, Eskimo or Aleut | (9) Unknown |
| (6) Asian or Pacific Islander | |
| (8) Other (specify): | 63. Direction of Initial Roll |
| (9) Unknown | * * |
| (3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | (0) No rollover |
| | (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis |
| 58. Vehicle Special Use (This Trip) | (2) Non lost primarily about the longitudinal axis |
| (0) No special use (1) Taxi | (5) End-over-end (i.e., primarily about the lateral |
| (2) Vehicle used as school bus | axis) |
| (3) Vehicle used as other bus | (9) Unknown roll direction |
| (4) Military | |
| (5) Police | |
| l (6) Ambulanca | |
| (6) Ambulance (7) Fire truck or car | PRECRASH DATA |
| (7) Fire truck or car (8) Other (specify): | PRECRASH DATA |
| (7) Fire truck or car | 64. Pre-Event Movement (Prior to |
| (7) Fire truck or car (8) Other (specify): (9) Unknown | |
| (7) Fire truck or car (8) Other (specify): | 64. Pre-Event Movement (Prior to Recognition of Critical Event) |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
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| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type 60. Location of Rollover Initiation | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation (0) No rollover (1) On roadway | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
| (7) Fire truck or car (8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation (0) No rollover (1) On roadway (2) On shoulder—paved | 64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |

| | PRECRASH DAT | FA (Continued) |
|---|---|--|
| (01) (02) (03) (04) (05) (06) (08) (09) <i>This</i> (10) (11) (12) (13) | Critical Precrash Event Vehicle Loss of Control Due To: Blow out or flat tire Stalled engine Disabling vehicle failure (e.g., wheel fell off) (specify): Non-disabling vehicle problem (e.g., hood flew up) (specify): Poor road conditions (puddle, pot hole, ice, etc.) (specify): Traveling too fast for conditions Other cause of control loss (specify): Unknown cause of control loss Vehicle Traveling Over the lane line on left side of travel lane Over the lane line on right side of travel lane Off the edge of the road on the left side Off the edge of the road on the right side End departure | Pedestrian or Pedalcyclist, or Other Nonmotorist (80) Pedestrian in roadway (81) Pedestrian approaching roadway (82) Pedestrian - unknown location (83) Pedalcyclist or other nonmotorist in roadway (specify): (84) Pedalcyclist or other nonmotorist approaching roadway (specify): (85) Pedalcyclist or other nonmotorist—unknown location (specify): Object or Animal (87) Animal in roadway (88) Animal approaching roadway (89) Animal—unknown location (90) Object in roadway (91) Object approaching roadway (92) Object—unknown location (98) Other critical precrash event (specify): |
| | End departure Turning left at intersection | (99) Unknown |
| (16) (17) | Turning right at intersection Crossing over (passing through) intersection Unknown travel direction | For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever) |
| (50) (51) (52) (53) (54) (55) | Stopped Traveling in same direction with lower speed (i.e., lower steady speed or decelerating) Traveling in same direction with higher speed Traveling in opposite direction In crossover Backing Unknown travel direction of other motor vehicle in lane | 66. Precrash Stability After Avoidance Maneuver (0) No avoidance maneuver (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): |
| | er Motor Vehicle Encroaching Into Lane | (8) No driver present |
| (60) | From adjacent lane (same direction) – over left lane line | (9) Precrash stability unknown |
| (62) (63) (64) (65) (66) (67) (68) (70) (71) (72) (73) (74) | From adjacent lane (same direction)—over right lane line From opposite direction—over left lane line From opposite direction—over right lane line From parking lane From crossing street, turning into same direction From crossing street, across path From crossing street, turning into opposite direction From crossing street, intended path not known From driveway, turning into same direction From driveway, across path From driveway, turning into opposite direction From driveway, intended path not known From entrance to limited access highway Encroachment by other vehicle—details unknown | 67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) (0) No avoidance maneuver (1) Vehicle stayed in travel lane where avoidance maneuver was initiated (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated (4) Vehicle departed roadway (5) Avoidance maneuver initiated off roadway (8) No driver present (9) Directional consequences unknown |
| | *** IF THE CDS APPLICABLE VEHICLE W | AS NOT INSPECTED (I.E., GV35=0), *** |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | TO BE COMPLETED BY THE ZONE CENTER | | | | | | |
|--|---|--|--|--|--|--|--|
| 1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form | 10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct | | | | | | |
| 5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed | 11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC g. Trajectory data h. Damage data | | | | | | |
| (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection under repair (03) Partial inspection repair (04) Partial inspection other (specify): | i. Heading angle for Oldmiss a b c d e f g h i | | | | | | |
| (05) Vehicle cannot be located (06) Vehicle destroyed (07) Vehicle outside of study area (08) Vehicle impounded | (Blank) Correct or no reconstruction (1) Incorrect | | | | | | |
| (09) Vehicle sold (10) Hit and run vehicle (11) Owner could not be located (12) Owner refusal (13) Insurance company refusal | DATA STATUS OF VARIABLE NUMBERS 3-67 3 4 5 6 7 8 9 10 11 12 13 | | | | | | |
| (14) Attorney refusal or litigation (15) Repair or tow facility refusal (16) Stolen (17) Wrong name and address on PAR | 14 15 16 17 18 19 20 21 22 23 24 | | | | | | |
| (18) Caseload / staff turnover (19) Other (specify): 7. Knowledge Of Highest Delta V Results | 25 26 27 28 29 30 31 32 33 34 35 | | | | | | |
| Known (01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS (completed by Zone Center) | 25 26 27 28 29 30 31 32 33 34 35 | | | | | | |
| Unknown (04) Rollover (05) Other non-horizontal force (06) Sideswipe type damage / severe override | 36 37 38 39 40 41 42 43 44 45 46 | | | | | | |
| (07) Vehicle out of scope / pedestrian (08) Yielding object (09) Overlapping damage (10) Insufficient data (11) Other (specify): | 47 48 49 50 51 52 53 54 55 56 57 | | | | | | |
| (12) OLDMISS form - pending review by Zone Center 8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes | 58 59 60 61 62 63 64 65 66 67 | | | | | | |
| 9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) (0) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data | Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded | | | | | | |

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG



| J.S. Department of Transports lational Highway Traffic Safet Administration | | NAL ACCIDENT SAMPLING SYSTEM RASHWORTHINESS DATA SYSTEM | | |
|--|--|--|--------------------|------------------------------|
| Primary Sampling Case Number - St | 2 2 - 1/ | 3. Vehicle | e Number | <u> </u> |
| and the contract of the contra | VEHICLE IDE | NTIFICATI | ON | |
| VIN $\frac{2}{2}$ $\frac{8}{3}$ $\frac{5}{5}$ Vehicle Make (specify) | | Vehicle | Model (specify): | Model Year 93 Intrepid |
| | | ATOR | | |
| Locate the end of the or an undamaged axle | damage with respect to the vehicle | | center line or bun | nper corner for end impacts |
| Specific Impact No. | Location of Direct Dama | ige | | ition of Field L |
| 1 | Fron | | Unknown - Veh | Repaired |
| | | | Old Parts N | 16+ Available |
| | | | | |
| | CRUSH PROFILE | IN CENTIN | VIETERS | |
| NOTES: Identify the sill, etc.) and | plane at which the C-measurement d label adjustments (e.g., free space | ts are taken | | above bumper, at sill, abov |
| Measure and | d document on the vehicle diagram | the location | of maximum crus | sh. |
| Measure C1 impacts. | to C6 from driver to passenger sid | de in front or | rear impacts and | rear to front in side |
| the individua | value is defined as the distance be al C locations. This may include th etc. Record the value for each C-m | e following: | bumper lead, bum | nper taper, side protrusion, |
| | | | | |

Use as many lines/columns as necessary to describe each damage profile.

| Specific | l | Direct Damage | | | | | | | | | 1 1 |
|------------------|-----------------------------------|----------------|--------------|------------|----------------|----------------|----------------|-------|----------------|----------------|-----|
| Impact Number | Plane of Impact C-Measurements | Width (CDC) | Max Crush | Field L | C ₁ | C ₂ | C ₃ | C₄ | C ₅ | C _e | ±D |
| 1 | Front | Vehic | le Rep | riced | | | | | | | |
| | | | | | | | | | | | |
| | | | Damas | ed | Parts | No | Ayo | 1/20/ | | | |
| | | | | | | | | | | | |
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Parts replaced per Body Shop

- Bumper/Nose Cone Core Suffert
- Hood
- RF Fender
- LF Ferder
- Radiator
- P/s Pulley
- A/c Pulley
- Grille
- RF Frame Rail
- Windsheld

+ Items Verified of Body Shop

- wirdshield suffered stress fx only -no interior object confect
 - no starring
- no wheel / tire damage
- no steerin: damage
- no door demoge / no hose demose

ORIGINAL SPECIFICATIONS WORK SHEET

| Wheelbase | 113.0 | inches | x | 2.54 | = | $\underline{}$ $\underline{}$ $\underline{}$ $\underline{}$ $\underline{}$ $\underline{}$ cm |
|--------------------------|---------|--------|---|-------|---|--|
| Overall Length | 201.7 | inches | x | 2.54 | = | $\frac{5}{1}$ $\frac{2}{2}$ cm |
| Maximum Width | _ 7 4.4 | inches | X | 2.54 | = | <u> 8 9 cm</u> |
| Curb Weight | 3,217 | pounds | X | .4536 | = | 1, 459 kg |
| Average Track | _ 6 2.0 | inches | x | 2.54 | = | <u> </u> |
| Front Overhang | | inches | Х | 2.54 | = | cm |
| Rear Overhang | | inches | X | 2.54 | = | cm |
| Undeformed End Width | | inches | X | 2.54 | = | cm |
| Engine Size: cyl./displ. | | сс | Х | .001 | = | L |
| V-6 | | CID | X | .0164 | = | <u>⁺3.3</u> ι |

VEHICLE DAMAGE SKETCH WHEEL STEER ANGLES **ORIGINAL SPECIFICATIONS** TIRE-WHEEL DAMAGE (For locked front wheels or a. Rotation physically b. Tire displaced rear axles only) cm Wheelbase deflated restricted RF ± _____ Overall Length cm 189 cm Maximum Width Curb Weight kg Within ± 5 degrees cm Average Track **DRIVE WHEELS** (1) Yes (2) No (8) NA (9) Unk. cm Front Overhang ☑ FWD □ RWD □ 4WD cm Rear Overhang TYPE OF TRANSMISSION Undeformed End Width ____ank. cm Approximate Cargo Weight kg Engine Size: cyl./displ. V-6 ☐ Manual **MEASUREMENTS IN CENTIMETERS** Vehicle Repaired (see back of page 1) 157 57 Bumper | Nose Cone 287 112 Mont. to 287 80 05

Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful NOTES: in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

| CODES FOR | OBJECT CONTACTED | |
|--|---|---|
| (01-30) — Vehicle Number | (57) Fence (58) Wall | |
| N1 112-2 | (59) Building | |
| Noncollision | (60) Ditch or culvert | |
| (31) Overturn — rollover | (61) Ground | |
| (32) Fire or explosion | (62) Fire hydrant | |
| (33) Jackknife | (63) Curb | |
| (34) Other intraunit damage (specify): | (64) Bridge | |
| (OE) N | (68) Other fixed object (specify): | |
| (35) Noncollision injury | (00) Other fixed object (specify). | |
| (38) Other noncollision (specify): | (69) Unknown fixed object | — |
| (20) Namadisian dataila unkanya | (03) Olikilowii lixed object | |
| (39) Noncollision — details unknown | Collision with Nonfixed Object | |
| Collision With Fixed Object | (71) Motor vehicle not in-transport | |
| (41) Tree (≤ 10 cm in diameter) | (72) Pedestrian | |
| (42) Tree (> 10 cm in diameter) | (73) Cyclist or cycle | |
| (43) Shrubbery or bush | (74) Other nonmotorist or conveyance | |
| (44) Embankment | (74) Other Hollingtones of Conveyance | |
| (44) Lingankinent | (75) Vehicle occupant | |
| (45) Breakaway pole or post (any diameter) | (76) Animal | |
| (45) Breakaway pole of post (any diameter) | (77) Train | |
| Nonbreakaway Pole or Post | (78) Trailer, disconnected in transport | |
| (50) Pole or post (≤ 10 cm in diameter) | (88) Other nonfixed object (specify): | |
| (51) Pole or post (\geq 10 cm but \leq 30 cm in | (OO) Callot Hollinger espect (op swy) | |
| diameter) | (89) Unknown nonfixed object | |
| (52) Pole or post (> 30 cm in diameter) | 100) Gilliotti libiliitaa aajaa | |
| (53) Pole or post (diameter unknown) | (98) Other event (specify): | |
| (33) Fule of post (diameter disknown) | 100) Other orone (apos) | |
| (54) Concrete traffic barrier | (99) Unknown event or object | |
| (55) Impact attenuator | 100) 0 | |
| (56) Other traffic barrier (includes guardrail) | | |
| (specify): | | |
| (0000) 17. | | |
| DEFORMATION CLAS | SSIFICATION BY EVENT NUMBER | |
| DEFORMATION CLAS | SSIFICATION OF EVENT NUMBER | |
| | (4) (5) | |
| (4) (2) | Specific Specific (6) | |

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|---|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 01_ | 03 | 340 | | F | D | E | $\overline{\mathcal{W}}$ | 02 0 03 |
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| | COLLISION DEFORMATION CLASSIFICATION | | | | | | | | |
|---|--------------------------------------|----------------------------------|-------------|--------------------------------------|---|--|------------------------|--|--|
| HIGHEST [| DELTA "V" | | | | | | | | |
| Accident Event Sequence Number | Object Contacted | (1) (2) Directior of Force | Deformation | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent | | |
| 4 | 5. <u>O</u> <u>S</u> | 6. 9 9 | 7. 9 | 8 | 9. 9 | 109 | 11. 9 9 | | |
| Second Highest Delta "V" | | | | | | | | | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | |
| | ***** | CR | USH PROFILE | IN CENTIN | IETERS | | | | |
| The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.) | | | | | | | | | |
| HIGHEST | DELTA "V" | | | | | | | | |
| 20. L | 21. | | | C ₄ | Сь | Св | 22. | | |
| | | | | | | - | + | | |
| Second H | ighest Delta "\ | /" | | | | | | | |
| 23. L | 24. | | | C ₄ | | C ₆ | 25. | | |
| | | | | | | | + | | |
| | | | | | | | | | |
| 26. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes 27. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown 28. Original Wheelbase Code to the nearest centimeter (999) Unknown | | | | | | | | | |
| $\underline{113} \cdot \underline{0} \text{ inches X 2.54} = \underline{287} \text{ centimeters}$ | | | | | | | | | |

| | Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown | 0 | 31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown |
|----|--|---|---|
| ** | | | VAS NOT TOWED AND WAS NOT AN AOPS *** OT COMPLETE THE INTERIOR VEHICLE FORM. |

U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | |
|---|--|
| 1. PSU Number 2. Case Number—Stratum 9304 | 13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2) |
| 3. Researcher Completing Form | |
| 4. Vehicle Number 5. Date Vehicle Inspected | DATA STATUS OF VARIABLE NUMBERS 4-32 |
| 5. Date Vehicle Inspected 19 19 3 | Highest CDC |
| TO BE COMPLETED BY ZONE CENTER | 4 5 6 7 8 9 10 11 |
| Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard | |
| (3) Standard | Secondary CDC |
| 7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard | 12 13 14 15 16 17 18 19 |
| (3) Standard | Highest Crush Profile |
| Ouality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard | 20 21 22 |
| | Secondary Crush Profile |
| 9. Number of Exterior Vehicle Slides | 23 24 25 |
| 10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard | , |
| 11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard | 26 27 28 29 30 31 32 |
| 12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify): | Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded |
| | L |

IF THIS VEHICLE WAS NOT TOWED (I.E., GV09 \pm 1), DO NOT COMPLETE THE INTERIOR VEHICLE LOG

INTERIOR VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM

| Administration | CRASHWORTHINESS DATA SYST |
|---|---|
| 1. Primary Sampling Unit Number NCST | GLAZING |
| 2. Case Number - Stratum 9304 | Glazing Damage from Impact Forces |
| | 15. WS 2 16. LF 17. RF 18. LR 19. RR 0 |
| 3. Vehicle Number | 20. BL <u></u> 21. Roof <u>8</u> 22. Other <u>8</u> |
| INTEGRITY | (0) 14 (1) |
| 4. Passenger Compartment Integrity (00) No integrity loss Yes, Integrity Was Lost Through | (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces (5) Glazing out-of-place and holed from impact forces |
| (01) Windshield (02) Door (side) (03) Door/hatch (back door) (04) Roof (05) Roof glass (06) Side window | (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged |
| (07) Rear window (backlight) (08) Roof and roof glass | Glazing Damage from Occupant Contact |
| (09) Windshield and door (side) (10) Windshield and roof | 23. WS O 24. LF O 25. RF O 26. LR O 27. RR O |
| (11) Side and rear window (side window and backlight) (12) Windshield and side window | 28. BL <u>O</u> 29. Roof <u>O</u> 30. Other <u>O</u> |
| (13) Door and side window (98) Other combination of above (specify): | (0) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact |
| Door, Tailgate or Hatch Opening | (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by occupant contact (6) Glazing disintegrated by occupant contact |
| 5. LF 6. RF 7. LR 8. RR 9. TG/H 0 | (9) Unknown if contacted by occupant |
| (0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision | If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø |
| (3) Door/gate/hatch jammed shut | T (118 4 848 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| (8) Other (specify): | Type of Window/Windshield Glazing |
| (9) Unknown | 31. WS / 32. LF / 33. RF / 34. LR / 35. RR / |
| | 36. BL 🖸 37. Roof 🔿 38. Other 🔘 |
| Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø | (0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered |
| 10. LF <u>0</u> 11. RF <u>0</u> 12. LR <u>0</u> 13. RR <u>0</u> 14. TG/H <u>0</u> | (3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic (8) Other (specify): |
| (O) No door/gate/hatch or door not opened | (9) Unknown |
| Door, Tailgate or Hatch Came Open During Collision (1) Door operational (no damage) | |
| (2) Latch/striker failure due to damage | Window Precrash Glazing Status |
| (3) Hinge failure due to damage | 39. WS / 40. LF 0 41. RF 0 42. LR 0 43. RR 0 |
| (4) Door structure failure due to damage | · · · · · · · · · · · · · · · · · · · |
| (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage | 44. BL <u>O</u> 45. Roof <u>O</u> 46. Other <u>O</u> |
| (6) Latch/etriker and hinge failure due to damage(8) Other failure (specify): | (0) No glazing contact and no damage, or no glazing (1) Fixed |
| (9) Unknown | (2) Closed (3) Partially opened (4) Fully opened |

INTRUSION WORKSHEET Note: Sketch intruded areas Vertical Longitudinal Row Width (cm) Longitudinal Vertical LOCATION (All Measurements Are In Centimeters) **DOMINANT** OF **INTRUDED COMPARISON INTRUDED INTRUSION CRUSH** INTRUSION **COMPONENT VALUE VALUE DIRECTION** = Intrusions = = = = =

| | | ata System: Interior Venicle Form | Page |
|---|---|---|--------------|
| | | REA INTRUSION | |
| Note: If no intru | sions, leave variables IV47-IV86 blank. | INTRUDING COMPONENT | |
| Location Intrusion | | (01) Steering assembly | |
| 1st 47 | 48 49 50 | (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar | |
| 2nd 51 | 52 53 54 | (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) | |
| 3rd 55 | 56 57 58 | (13) Roof side rail (14) Windshield (15) Windshield header | |
| 4th 59 | 60 61 62 | (16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back | |
| 5th 63 | 64 65 66 | (20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back | |
| 6th 67 | 68 69 70 | (24) Seat cushion (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): | · |
| 7th 71 | 72 73 74 | (27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar Exterior Components | r ** |
| 8th 75 | 76 77 78 | (30) Hood (31) Outside surface of this vehicle (specify) | 1 |
| 9th 79 | , 80 81 82 | (32) Other exterior object in the environment (specify): (33) Unknown exterior object (97) Catastrophic | - |
| 10th 83 | 84 85 86 | (98) Intrusion of unlisted component(s) (specify): | _ |
| LOCATION OF INT | RUSION | MACAUTURE OF INTRUGION | |
| Front Seat (11) Left (12) Middle (13) Right Second Seat (21) Left (22) Middle (23) Right | Fourth Seat (41) Left (42) Middle (43) Right (97) Catastrophic (98) Other enclosed area (specify) | MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters (6) ≥ 61 centimeters (7) Catastrophic (9) Unknown | |
| Third Seat (31) Left (32) Middle (33) Right | (99) Unknown | DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown | |

STEERING RIM/SPOKE DEFORMATION (All Measurements Are in Continueters) COMPARISON VALUE — DAMAGE VALUE = DEFORMATION — = — = — = Mo Damage

| STEERING COLUMN | |
|--|---|
| 87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown 88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | 93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown |
| 1000-33 CDS. | - A |
| | INSTRUMENT PANEL |
| 89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | 94. Odometer Reading |
| 90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | (500) 499,500 kilometers or more (999) Unknown 6,659 miles x 1.6093 = 10,716 kilometers Source: odometer |
| 91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | 95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown |
| 92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters | 96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown |
| (15) 15 centimeters or more | 97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown |

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriete.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

| POINTS OF OCCUPANT CONTACT | | | | | | |
|----------------------------|------------------------------------|-----------------------------|-------------------------------|---|--|--|
| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point | |
| Α Α | Driver Arbon 45 | 1 | Face | Lipstick contacts | / | |
| В | 09 | 1 , ' | L Knee | cloth transfer only | / | |
| С | 09 | 1, | R Knee | cloth transfer only | / | |
| D | 02 | <i>ک</i> | | Morror broke at mount - no morror fx - probable | displacement | |
| E ~ | | | | due to contact with airbag | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| F _ | ¥ 45 | a | | Deployed passenger bag - dit scuff | I, | |
| G (| > 11 | a | L Kree | Cloth transfer | 1 | |
| Н , | × 33 | 4 | R Foot | cracked plastic over B-pillar (lower) | / | |
| 1 | 40 | 3 | | scuft on seatback fabric | 3 | |
| J | 40 | 4 | | scutt on seatback fabric | 3 | |
| Κ | 4/ | 1 | | Rening on tab - very slight stretching/Fray | ing 2 | |
| L | | | | | | |
| M | | | · | | | |
| N | | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | Assessment Form. | AIR BAGS | |
|----------------------------------|---|--|---|
| | | Left | Right |
| F | Availability/Function / | 1 | >= |
| I R | Deployment | j | |
| S | Failure | | 1 |
| (0) I (1) / Non-i (2) / | System Availability/Function Not equipped/not available Air bag functional Air bag disconnected (specify): Air bag not reinstalled Unknown | Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown | Oid Air Bag System Fail? (O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| | | AUTOMATIC BELTS Left | Right |
| - : | Availability/Function | Ø | Ø |
| F | Use | Ø | Ø |
| I R | Туре | Ø | Ø |
| S | Proper Use | Ø | Ø |
| • | Failure Modes | Ø | Ø |
| (0) (1) (2) | atic (Passive) Belt System pility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown | Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat | Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing no included) (3) Broken buckle or latchplate |
| (4) | -functional Automatic belts destroyed or rendered inoperative | (3) Automatic shoulder belt worn under arm | (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor |
| Autom (0) (1) (2) | Unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown | (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | (9) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify) (9) Unknown |
| (0) | natic (Passive) Belt System Type Not equipped/not available Non-motorized system | (8) Other improper use of automatic belt system (specify): | |

(2) Motorized system .

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | page. | | | |
|---------------|---------------|------|--------|-------|
| | | Left | Center | Right |
| F. | Availability | 04 | 0 | 04 |
| R | Use | 04 | 00 | 04 |
| S | Failure Modes | | 0 | 1 |
| S | Availability | 04 | 03 | 04 |
| OZOOH0 | Use | 04 | 00 | 04 |
| 020 | Failure Modes | | 6 | 1 |
| T | Availability | | . = | |
| H <u>!</u> | Use | | | 4 1 |
| R | Failure Modes | * | | |
| O T | Availability | | | |
| H | Use | | | |
| E R | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (O1) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | _ | | | | |
|----|--|------------------------------|---------|---|---|------------------------------------|---------------------------|------------------|
| | numera Niverban | | NOT | , | APPLI | CABLE | | |
| | cupant Number | | , 1 | - | .,, | | | |
| 1. | Type of Child Safety Seat | , | No Chil | d | Seat P | CABLE resent | | |
| 2. | Child Safety Seat Orientation | , | | | | | | |
| 3. | Child Safety Seat Harness Usage | | 1 | | | | | |
| 4. | Child Safety Seat Shield Uasge | | | | | | | |
| 5. | Child Safety Seat Tether Usage | -11 | - 1/ | | 9 | | 7 | |
| 6. | Child Safety Seat Make/Model | | Speci | fy Bo | elow for E | ach Child Safe | ty Seat | |
| 1 | Type of Child Safety Seat | | * : | 3. | Child Saf | fety Seat Harn | ess Usage | -\$: |
| | (0) No child safety seat | | | | | fety Seat Shiel | | |
| | (1) Infant seat (2) Toddler seat | | | | | • | | |
| | (3) Convertible seat | | | 5. | | fety Seat Tetho ptions Below A | | ariables 3-5. |
| | (4) Booster seat(7) Other type child safet | y seat (specif | y): | | • | child safety se | | + |
| | (8) Unknown child safety seat type (9) Unknown if child safety seat used | | | | Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used | | | |
| 2. | Child Safety Seat Orienta | tion | | (02) After market harness/shield/tet (03) Child safety seat used, but no | | | | |
| | (00) No child safety seat | | | | (03) Chi | ild safety seat ness/shield/tet | used, but no a ther added | atter market |
| | Designed for Rear Facing | for | | | (09) Unl | known if harne | | er |
| | This Age/Weight (01) Rear facing | | | | | ded or used | | |
| | (02) Forward facing (08) Other orientation (sp | recify). | | | | d With Harness | | r |
| | | | _ | | (11) Harness/shield/tether not used (12) Harness/shield/tether used | | | |
| | (09) Unknown orientation | n | | | (19) Un | known if harne | ess/shield/teth | er used |
| | Designed for Forward Fac | ing for This | | | Unknow | n If Designed \ rness/shield/te | With Harness/ | Shield/Tether |
| | Age/Weight (11) Rear facing | | | | (22) Ha | rness/shield/te | ther used | |
| | (12) Forward facing | 200if.d- | | | | known if harne | | er used |
| | (18) Other orientation (sp | | _ | | (99) Un | known if child | safety seat us | sed |
| | (19) Unknown orientation | n | | e | Child So | fety Seat Mak | e/Model | |
| | Unknown Design or Orier Age/Weight, or Unknown | ntation For Thing Age/Weight | is | u. | | make/model a | | number) |
| | (21) Rear facing | | | | • | | | |
| | (22) Forward facing (28) Other orientation (s | pecify): | | | | | | |
| | (29) Unknown orientatio | | - | | | | | |
| | (99) Unknown if child sa | fety seat used | t | | | | | |

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|---------|----------------------------|------------|--------|-------|
| F | Head Restraint Type/Damage | 3 | 0 | 3 |
| _i [| Seat Type | 0 2 | 00 | 02 |
| R S | Seat Performance | 1 | 6 | |
| T | Seat Orientation | 1 | 0 | . / |
| S | Head Restraint Type/Damage | Q | 0 | 0 |
| E | Seat Type | 03 | 03 | 03 |
| O N | Seat Performance | 1 | 1 | |
| D | Seat Orientation | | 1 | 1 |
| , _ a : | Head Restraint Type/Damage | | 1 . | |
| Ĥ | Seat Type | | * | |
| Ŕ | Seat Performance | | | |
| D | Seat Orientation | | | · |
| 0 | Head Restraint Type/Damage | | | |
| Ť | Seat Type | | | |
| H | Seat Performance | | | |
| R | Seat Orientation | | | |

Head Restraint Type/Damage by Occupant at This **Occupant Position**

- No head restraints
- (1) Integral no damage
 (2) Integral damaged during accident
- (3) Adjustable no damage
- (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01)Bucket
- Bucket with folding back (02)
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- Split bench with separate back cushions (06)
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- Other seat type (specify): (09)
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

| | E, | JECTION/E | ENTRAPI | JENT DA | TA | | Y 4 | . ; : |
|--------------|--|----------------------------------|-----------------------------|-----------------------------|---------------------|------------------------------|-------------|-------|
| Com in th | plete the following if the research e vehicle. Code the appropriate | ner has any ind data on the (| dication tha Occpant As | t an occupan sessment Fo | t was eithe erm. | r ejected fro | m or entrap | ped |
| | CTION No [Yes [] cribe indications of ejection and I | oody parts in | volved in pa | artial ejection | n(s): | | | |
| | | 1 + 1 | 11 | <u> </u> | . | | | |
| | · · · | Vot Appli | cable / | No élec | 1104 | | | |
| | | | | E - | | | * 111 | |
| | | | | | | | | |
| | Occupant Number | | | | · | · | · | |
| | Ejection | | | - | | | | |
| | (Note on Vehicle Interior Sketch) Ejection Area | | | | | Э | ÷ | |
| | Ejection Medium | | | | | - | | |
| | Medium Status | | · | | | - | | |
| (1 | tion) Complete ejection) Partial ejection) Ejection, Unknown degree | | area (e.g., p, etc.) (sp | | (8) 0 | ntegral struc ther mediun | | |
| |) Unknown tion Area | (9) Unkn | | | Mediun to Impa | n Status (Im | mediately | Prior |
| (1 |) Windshield) Left front | (1) Door | hatch/tailga xed roof st | | (1) 0 | | | |
| (3 |) Right front) Left rear | (3) Fixed | | | (3) Ir | ntegral struc Inknown | ture | |
| (5 |) Right rear) Rear | | Aed glazing | | (3) | inciio viii | | |
| | ENTRAPMENT No [\(\text{Ves []} \) Describe entrapment mechanism: \(\text{Not Applicable } \) No Entrapment | | | | | | | |
| | | | 77 | | | | | |
| | | | | | | | | |

Component(s):___

(Note in vehicle interior diagram)



U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | DATA STATUS OF VARIABLE NUMBERS 4-97 |
|---|---|
| 1. PSU Number NCSI | Integrity |
| 2. Case Number—Stratum / 9364 | 4 5 6 7 8 9 10 11 12 13 14 |
| 3. Researcher Completing Form | |
| | |
| 4. Vehicle Number | Glazing 15 16 17 18 19 20 21 22 23 24 25 |
| TO BE COMPLETED BY ZONE CENTER | |
| 5. Documentation Of Integrity | |
| 5. Documentation of integrity | 26 27 28 29 30 31 32 33 34 35 36 |
| 6. Documentation Of Glazing | |
| | 37 38 39 40 41 42 43 44 45 46 |
| 7. Documentation of Intrusions | |
| 8. Documentation of Steering Column/Wheel | |
| | Intrusion |
| 9. Documentation of Occupant Contacts | 47 48 49 50 51 52 53 54 55 56 57 |
| AA D | |
| 10. Documentation of Restraint Systems | 58 59 60 61 62 63 64 65 66 67 68 |
| 11. Documentation of Seats | |
| * | |
| 12. Number of Interior Vehicle Slides | 69 70 71 72 73 74 75 76 77 78 79 |
| 13. Interior Slides Subject Quality | |
| 13. Interior Sides Subject County | 80 81 82 83 84 85 86 |
| 14. Interior Slides Quality | |
| | |
| Codes For Log Variables 5-11 and 13-14 (0) Not applicable | Steering Column/Wheel and Instrument Panel |
| (1) Substandard - beyond researcher control (2) Substandard | 87 88 89 90 91 92 93 94 95 96 97 |
| (3) Standard | |
| 15 Number of Coded Introvions | |
| 15. Number of Coded Intrusions | Data Status Codes: |
| | (Blank) Correct (1) Derived error |
| | (2) Non-correctable error (3) Correctable error |
| * | (4) Change—no error (5) Sequencing error |
| | (7) Incorrect edit override (8) MDE error |
| | (9) Unknown coded |

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

| I.S. Department of Transportation Justicinal Highway Traffic Safety Administration | NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM |
|--|--|
| | OCCUPANT'S SEATING |
| 1. Primary Sampling Unit Number ハ <u>ス</u> タエ | 40. Comment's Seet Register |
| 2. Case Number - Stratum 9304 | 10. Occupant's Seat Position Front Seat |
| 3. Vehicle Number | (11) Left side (12) Middle |
| 0.1 | (13) Right side |
| 4. Occupant Number | (14) Other (specify):(15) On or in the lap of another occupant |
| OCCUPANT'S CHARACTERISTICS | (15) Off of lift the lap of another occupant |
| 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): | Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): |
| (97) 97 years and older (99) Unknown | (25) On or in the lap of another occupant |
| 6. Occupant's Sex (1) Male (2) Female (9) Unknown | Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant |
| 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown | Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant |
| $\frac{67}{}$ inches X 2.54 = $\frac{170 \cdot 18}{}$ centimeters | (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown |
| 8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown | 11. Occupant's Posture (0) Normal posture |
| | Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another |
| 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown | occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): |
| | (9) Unknown |

| EJECTION/ENTRAPMENT | | | | | | | |
|---|---|--|--|--|--|--|--|
| 12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | 0 | 15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown | | | | | |
| 13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | 0 | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown | | | | | |
| 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): | 0 | | | | | | |
| (5) Integral structure (8) Other medium (specify): (9) Unknown | | * | | | | | |
| | | | | | | | |
| | | | | | | | |

| RESTRAINT SYST | EM EVALUATION |
|--|--|
| 17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) | 21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown |
| (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): | 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown |
| (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat | 23. Are There Indications of Air Bag System Failure? (O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts |
| Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown | 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown" |
| 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): | |
| (0) Hakaawa | |

| | HEAD RESTRAINT AN | D SEAT EVALUATION |
|------------------|--|---|
| a (((| Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): |
| (| (9) Unknown | (7) Combination of above (specify): |
| | | (8) Other (specify): |
| | Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown | (9) Unknown |
| | | |

| | C | HILD SAF | ETY SE | AT | |
|---|---|----------|---|--|--|
| | Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used | CDS | 32. Chil 33. Chil Not Var | d Safety Seat Harness Usage d Safety Seat Shield Usage d Safety Seat Tether Usage e: Options below applicable to liables OA31-OA33. No child safety seat | 000 |
| | Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/W (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown orientation | O O | Not (01 (02 (03 (09 Des (11 (12 (19 <i>Uni</i> (21 (22 | Designed With Harness/Shield/Te added, not used After market harness/shield/te added, not used Child safety seat used, but no harness/shield/tether added Unknown if harness/shield/tethe added or used Signed With Harness/Shield/Tethe Harness/shield/tether not used Unknown if harness/shield/tether used Unknown if harness/shield/tether not used Unknown if harness/shield/tether used Unknown if harness/shield/tether used Unknown if harness/shield/tether Unknown if child safety seat used | ther used after market her wsed /Shield/Tether |
| 1 | | | | | |

| | 38. Working Days Lost 97 |
|---|--|
| 34. Injury Severity (Police Rating) 3 | Code the number of days (up through 60) that the occupant lost from work due to the accident |
| (0) O - No injury | (00) No working days lost |
| (1) C - Possible injury | (61) 61 days or more |
| (2) B - Nonincapacitating injury | (62) Fatally injured |
| (3) A - Incapacitating injury / (4) K - Killed | (97) Not working prior to accident |
| (5) U - Injury, severity unknown | (99) Unknown |
| (6) Died prior to accident | |
| (9) Unknown | STOP - GO TO VARIABLE 44 ON PAGE 7 |
| | |
| 35. Treatment - Mortality | VARIABLES 39 THROUGH 43 ARE |
| OS. Headmont mortancy | COMPLETED BY THE ZONE CENTER |
| (0) No treatment (1) Fatal | |
| (1) Fatal (2) Fatal - ruled disease (specify): | 39. Time to Death |
| | Code number of hours from time of |
| Nonfatal (3) Hospitalization (4) Transported and released Per PAR and Interviewed - No Record | accident to time of death up through 24 |
| Nonfatal | hours. If time of death is greater than 24 |
| (3) Hospitalization | hours, code number of days. (Note: 1 day = |
| (4) Transported and released - No least | 31, 2 days = 32, n days = 30 +n up |
| (5) Treatment at scene - nontransported (6) Treatment later | through 30 days = 60) (00) Not fatal |
| (8) Treatment - other (specify): | (96) Fatal - ruled disease |
| | (99) Unknown |
| (9) Unknown | · |
| | 40. 1st Medically Reported Cause of Death |
| 36. Type Of Medical Facility (for Initial Treatment) | |
| (0) Not treated at a medical facility | 41. 2nd Medically Reported Cause of Death O |
| (1) Trauma center | * |
| (2) Hospital | 42. 3rd Medically Reported Cause of Death O |
| (3) Medical clinic | Code the Occupant Injury from line |
| (4) Physician's office(5) Treatment later at medical facility | number(s) for the medically reported injury(s) which reportedly contributed to |
| (8) Other (specify): | this occupant's death |
| | (00) Not fatal or no additional causes |
| (9) Unknown | (97) Other result (includes fatal ruled |
| | disease) (specify): |
| 37. Hospital Stay | (00) Heleause |
| 37. Hospital Stay O | (99) Unknown |
| Code the number of days (up through 60) | |
| that the occupant stayed in hospital. | 43. Number of Recorded Injuries for |
| (61) 61 days or more | This Occupant |
| (99) Unknown | Code the actual number of |
| | injuries recorded for this occupant. |
| | (00) No recorded injuries (97) Injured, details unknown |
| | (97) Injured, details unknown (99) Unknown if injured |
| | 100/ Olimiotti ii iigoloo |
| | |
| | |
| | |
| | |

| AUTOMATIC BELT SYSTEM | 48. Automatic (Passive) Belt Failure Modes |
|--|---|
| 44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown | During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown | (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown |
| 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): |
| 46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown | STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER |
| | TRAUMA DATA |
| 47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than | 50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured |
| one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given |
| (8) Other improper use of automatic belt system (specify):(9) Unknown | 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |
| ARE ALL APPLICABLE MEDICAL RECO | ORDS INCLUDED NO [/ YES [] |
| UPDATE CANDIDATE | NO [/] YES [] |



U.S. Department of Transportation

OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| | / |
|--|--|
| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured?/_ (0) No |
| 1. PSU Number NC ST | (1) Yes (9) Unknown |
| 2. Case Number—Stratum 9304 | |
| 3. Researcher Completing Form | 15. Status of Medical Release (0) Occupant not injured |
| 4. Vehicle Number | (1) Medical release not required at medical facility |
| 5. Occupant Number | Medical Release Required (2) Required not obtained |
| 6. Interviewer Number | (3) Required obtained |
| 7. Date Interview Completed 8. Date Official Medical Data | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization |
| Requested | (03) Fatal—died after hospitalization (04) Hospitalization |
| 9. Date Official Medical Data | (05) Emergency room treatment only (06) Treatment at physician's office (07) Treatment at scene or self treatment |
| Obtained informed no record at pacifity | (08) Outpatient surgery (09) Treatment at medical facility—unknown level of |
| 10. Occupant's Role (1) Driver (2) Passenger (3) Unknown | treatment (99) Unknown |
| 1 | 17. Injury Information Form Record Received Status |
| 11. Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): | a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit |
| 12. Manner Of Interview (0) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only) | g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician |
| 13. Result Of Last Interview Attempt (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available | Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify): Description of this section description in the 12 coroner in the 12 coron |
| (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview | (See reverse side of this page for codes for variable 13) 18. Medical Facility Code |

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (01) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (O4) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (08) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (O) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----|----|-----|----|----|----|-----|----|----|------|----|
| | | (i) | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | -9- | | | - 10 | |
| 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | |
| 48 | 49 | 50 | 51 | 52 | | | | | | |
| | | | | | 1 | | | | | |

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

0/

2. Case Number - Stratum

9304

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| | | | | O.I.CA.I.S | | | | | Injury | | Occupant | |
|------|-----------------------------|----------------|----------------------------------|-------------------------------|--------------------|--------------------|--------------|------------------|-------------------------------|-------------------------------|-----------------------------|--|
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific · Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Source Confidence Level | Direct/ Indirect Injury | Area Intrusion Number | |
| 1st | 5. 7 | 6. <u>6</u> | 7. <u>4</u> | 8. <u>0 2</u> | 9. <u>78</u> | 10. 1 | 11. 6 | 12.4/ | 13 | 14. | 15. 00 | |
| 2nd | 16. 7 | 17. 6 | 18. 4 | 9. <u>04</u> | 20.78 | 21 | 22.7 | 23. <u>4 /</u> | 24. 1 | 25 | _{26.} <u>0</u> 0 | |
| 3rd | 27.7 | 28.7 | 29.] 3 | <u>. 0 a</u> | 31. <u>0 ə</u> | 32. <u> </u> | 33. <u>L</u> | 34. <u>45</u> | 35 | 36. | 37. <u>0</u> 0 | |
| 4th | 38. <u>7</u> | 39. <u>7</u> | 40.94 | . <u>0</u> 4 | 42. <u>0</u>) | 43. <u> </u> | 44. <u>2</u> | 45. <u>45</u> | 46 | 47. <u> </u> | 48. <u>00</u> | |
| 5th | 49 | 50 | 51 5 | 2 | 53 | 54 | 55 | 58 | 57 | 58 | 59 | |
| 6th | 60 | 61 | 626 | 3 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | |
| 7th | 71 | 72 | 73 7 | 4 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | |
| 8th | 82 | 83 | 84 8 | 15. | 86 | 87 | 88 | 89 | 90 | 91 | 92 | |
| 9th | 93 | 94 | 95 9 | 16 | 97 | 98 | 99 | 100 | 101 | 102, | 103 | |
| 10th | 104 | 105 1 | 106 10 |)7 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | |

| | OFFICIAL INJURY DATA — SKELETAL INJURIES |
|---------------------------------------|--|
| Restrained? No Yes | Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.) |
| Blood Alcohol Level (mg/dl) | |
| Glasgow Coma Scale Score GCSS = | |
| Units of Blood Given Units = | |
| Arterial Blood | |
| PO, PCO, HCO, | |
| | |
| | |



National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY ZONE CENTER | SECOND LEVEL REVIEW |
|---|--|
| 1. PSU Number 2. Case Number – Stratum 3. Vehicle Number 4. Occupant Number | 16. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard AIS AIS |
| 5. Documentation of Interview Data on Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING | 1-7 3-6 17. Number of Rows Added by Second Level Reviewer 18. Number of Rows Deleted by Second Level Reviewer |
| Injury Mechanisms & Information Intrusions 6. Date Data Included Vith Initial Submission Coded 7. Coded By (Initials) | ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15 |
| Contect Injury Mechanisms & Information Intrusions 9. Date Data Included _ i _ i _ i _ i _ with Updated Submission Coded 10. Coded By (Initials) AIS AIS | 19. Date Of Second Level |
| 1-7 3-6 11. Number of Injury Rows Coded 12. Number of Unknown Injuries 13. Number of Unknown Injury Contact Mechanisms MDE STATUS 14. Date MDE'ed 15. MDE'ed By (Initials) | |

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety Administration

| | OCCUPANT'S SEATING |
|--|---|
| 1. Primary Sampling Unit Number NCSI | 10. Occupant's Seat Position 13 |
| 2. Case Number - Stratum 9304 | Front Seat |
| 3. Vehicle Number | (11) Left side (12) Middle |
| 4. Occupant Number | (13) Right side |
| OCCUPANT'S CHARACTERISTICS | (14) Other (specify):(15) On or in the lap of another occupant |
| | 71 |
| 5. Occupant's Age Code actual age at time of accident. | Second Seat (21) Left side |
| (00) Less than one year old (specify by month): | (22) Middle |
| (07) 07 were and older | (23) Right side (24) Other (specify): |
| (97) 97 years and older (99) Unknown | (25) On or in the lap of another occupant |
| | Third Seat |
| - 1 | (31) Left side |
| 6. Occupant's Sex | (32) Middle (33) Right side |
| (1) Male (2) Female | (34) Other (specify): |
| (9) Unknown | (35) On or in the lap of another occupant |
| | Fourth Seat |
| 7 Occupant's Height | (41) Left side (42) Middle |
| 7. Occupant's Height | (43) Right side |
| centimeter. | (44) Other (specify):(45) On or in the lap of another occupant |
| (999) Unknown | (45) Of the lap of another occupant |
| 48 inches X 2.54 = 122 centimeters | (97) In or on unenclosed area (98) Other seat (specify): |
| | (99) Unknown |
| 8 Occupant's Weight 0 3 2 | |
| 8. Occupant's Weight | |
| kilogram. | 11. Occupant's Posture (0) Normal posture |
| (999)Unknown | Abnormal posture |
| $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$ | (1) Kneeling or standing on seat |
| | (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat |
| 9 Occupant's Role | (4) Sitting sideways or turned to talk with another occupant or to look out a rear window |
| 9. Occupant's Role | (5) Sitting on a console |
| (2) Passenger | (6) Lying back in a reclined seat position(7) Bracing with feet or hands on a surface in front |
| (9) Unknown | of seat (8) Other abnormal posture (specify): |
| | (9) Unknown |
| | (5) Gildiowi. |
| ÷ | |
| | |
| | |
| | |

| EJECT | ION/E | NTRAPMENT |
|--|----------|--|
| 12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | 0 | 15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown |
| 13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | <u>O</u> | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown |
| 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown | | |
| | | |

| RESTRAINT SYST | EM EVALUATION |
|---|--|
| 17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed | 21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown |
| (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use | 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident |
| (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): | (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown |
| (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used | 23. Are There Indications of Air Bag System Failure? (O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| 19. Proper Use of Manual (Active) Belts (O) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat | Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts |
| Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): | 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): |
| 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): | (8) Restrained, type unknown (9) Police indicated "unknown" |
| (8) Other manual belt failure (specify): | |
| (9) Unknown | |

| HEAD RESTRA | AINT ANI | D SEAT EVALUATION |
|--|------------|---|
| 25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): | 3 | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): |
| (9) Unknown | | (7) Combination of above (specify): |
| | | (8) Other (specify): |
| 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back | <u>0 2</u> | (9) Unknown |
| (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushion (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): | ons | |
| (10) Box mounted seat (i.e., van type) (99) Unknown | | |
| | | |
| | | |
| | | |
| | | • |
| | | |

| | СН | ILD SAF | ETY SE | AT | | |
|----|---|----------|--|--|---|---------------|
| ((| 000) No child safety seat | <u> </u> | 31. Child | I Safety Seat Harness U | sage _ | 00 |
| () | Applicable codes are found in your NASS (Data Collection, Coding and Editing 1950) Built-in child safety seat 1997) Other make/model (specify): | CDS | | d Safety Seat Shield Usa | 90 _ | 00 |
| | 998) Unknown make/model | | 33. Child | d Safety Seat Tether Usa | age _ | 00 |
| | 999) Unknown if child safety seat used | | Vari | e: Options below applicates OA31-OA33. No child safety seat | ble to | |
| (| Type of Child Safety Seat O) No child safety seat 1) Infant seat 2) Toddler seat 3) Convertible seat 4) Booster seat 7) Other type child safety seat (specify): 8) Unknown child safety seat type 9) Unknown if child safety seat used | 0 | (01) (02) (03) (09) <i>Des</i> (11) (12) | Designed With Harness/s After market harness/s added, not used After market harness/s Child safety seat used, harness/shield/tether a Unknown if harness/shie dded or used igned With Harness/Shie Harness/shield/tether of Harness/shield/tether of Unknown if harness/shield | chield/tether u chield/tether u chield/tether dded dield/tether dd/Tether dot used dised | sed market |
| | Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Web (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used | | (21) (22) (29) | mown if Designed With it Harness/shield/tether it Harness/shield/tether it Unknown if harness/shield safet | not used used nield/tether us | |
| | | | | | | |

| | INJURY CONSEQUENCES | 38. Working Days Lost 9 7 |
|------------|---|---|
| | Lating Counting (Daling Design) | Code the number of days |
| 34. | Injury Severity (Police Rating) | (up through 60) that the occupant |
| | (0) O - No injury | lost from work due to the accident |
| | (1) C - Possible injury | (00) No working days lost (61) 61 days or more |
| | (2) B - Nonincapacitating injury | (62) Fatally injured |
| | (3) A - Incapacitating injury / | (97) Not working prior to accident |
| | (4) K - Killed | (99) Unknown |
| | (5) U - Injury, severity unknown(6) Died prior to accident | |
| | (9) Unknown | STOP - GO TO VARIABLE 44 ON PAGE 7 |
| | ·-, | U.O. CO TO PROPERTY ON PROPER |
| | | VARIABLES 39 THROUGH 43 ARE |
| 35. | Treatment - Mortality | COMPLETED BY THE ZONE CENTER |
| | (0) No treatment | |
| | (1) Fatal (2) Fatal - ruled disease (specify): | 20 Time to Death |
| | 12/ Tatal - Tuleu ulacase (apocity). | 39. Time to Death Code number of hours from time of |
| | | accident to time of death up through 24 |
| | Nonfatal | hours. If time of death is greater than 24 |
| | (3) Hospitalization | hours, code number of days. (Note: 1 day = |
| | (4) Transported and released | $31, 2 \text{ days} = 32, \dots \text{n days} = 30 + \text{n up}$ |
| | (5) Treatment at scene - nontransported | through 30 days = 60) |
| | (6) Treatment later (8) Treatment - other (specify): | (00) Not fatal |
| | 10) Troublione Striet (specify) | (96) Fatal - ruled disease (99) Unknown |
| | (9) Unknown | (50) Chaletti |
| | | |
| 36 | Type Of Medical Facility (for Initial Treatment) | 40. 1st Medically Reported Cause of Death |
| ١ | (0) Not treated at a medical facility | 41. 2nd Medically Reported Cause of Death 🔘 💆 |
| | (1) Trauma center | 21. End incolorny hoporton daddo of boath |
| | (2) Hospital | 42. 3rd Medically Reported Cause of Death |
| | (3) Medical clinic | Code the Occupant Injury from line |
| | (4) Physician's office (5) Treatment later at medical facility | number(s) for the medically reported |
| | (8) Other (specify): | injury(s) which reportedly contributed to this occupant's death |
| | 10, Caror topocriff. | (00) Not fatal or no additional causes |
| | (9) Unknown | (97) Other result (includes fatal ruled |
| | | disease) (specify): |
| | Hamital Can. | |
| 3/. | Hospital Stay (00) Not Hospitalized | (99) Unknown |
| 1 | Code the number of days (up through 60) | |
| | that the occupant stayed in hospital. | 43. Number of Recorded Injuries for |
| | (61) 61 days or more | This Occupant |
| | (99) Unknown | Code the actual number of |
| | | injuries recorded for this occupant. |
| İ | | (00) No recorded injuries |
| | | (97) Injured, details unknown (99) Unknown if injured |
| | | 100) Challetti ii iigalod |
| <u> </u> | | |
| | | |
| 1 | | |
| 1 | | |
| 1 | | |

| AUTOMATIC BELT SYSTEM | 48. Automatic (Passive) Belt Failure Modes |
|---|---|
| 44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional | During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| (4) Automatic belts destroyed or rendered inoperative(9) Unknown | (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown |
| 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): |
| * | (9) Unknown STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER |
| | TRAUMA DATA |
| Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than | 50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured |
| one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given |
| (8) Other improper use of automatic belt system (specify):(9) Unknown | 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |
| ARE ALL APPLICABLE MEDICAL RE WITH INITIAL SUBMISSION? | CORDS INCLUDED NO [] YES [] |
| UPDATE CANDIDAT | re? NO[] YES[] |



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration

| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured? |
|--|--|
| 1. PSU Number $\frac{NCS\overline{I}}{II}$ | (0) No (1) Yes (9) Unknown |
| 2. Case Number—Stratum 9309 | |
| 3. Researcher Completing Form | 15. Status of Medical Release (0) Occupant not injured |
| 4. Vehicle Number | (1) Medical release not required at medical facility |
| 5. Occupant Number O Q | Medical Release Required (2) Required not obtained |
| 6. Interviewer Number | (3) Required obtained |
| 7. Date Interview Completed | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment |
| 8. Date Official Medical Data/A// | (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization (04) Hospitalization (05) Emergency room treatment only |
| 9. Date Official Medical Data | (06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of |
| 10. Occupant's Role | treatment |
| (1) Driver (2) Passenger (3) Unknown | (99) Unknown |
| | 17. Injury Information Form Record |
| 11. Interviewee For This Occupant | Official Received Status |
| (0) No interview (1) Same person | a. Autopsy (invasive examination) b. Post-ER medical record which |
| Surrogate | includes information about death based on non-invasive examination |
| (2) Other occupant (3) Relative or friend | c. Admission record/summary of |
| (4) Multiple interviewees from above categories | admission/discharge face sheet d. Discharge summary |
| (specify): Drive/Mother | e. Operative report f. Radiographic record(s) post ER visit |
| 12. Manner Of Interview | g. History and physical examination |
| (0) No attempt | h. Emergency room records |
| (1) Telephone (2) In-person | i. Radiographic record(s) associated |
| (3) Questionnaire (9) Unknown (for Zone Center use only) | j. Private physician |
| | <u>Unofficial</u> k. Lay coroner |
| 13. Result Of Last Interview Attempt 13 | I. EMS record |
| (01) Unable to contact or locate (02) Hit and run | m. Interviewee n. Other source (specify): B |
| (03) Fatal—surrogate not available | n. Other source (specify): B B B |
| (O4) In intensive care—surrogate not available (O5) Out-of-state resident (O6) Refused interview | (See reverse side of this page for codes for variable 13) |
| (07) Insurance company refusal | , |
| (08) Attorney refusal or litigation (09) No return of questionnaire | 18. Medical Facility Code |
| (10) Other (specify): (11) Return of completed questionnaire | |
| (12) Partial interview | |
| (13) Complete interview | |
| | |
| · | |

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (01) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (O4) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (06) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

18. Documentation of Occupant Interview

(Excludes Injury Data)

- (0) Not applicable
- (1) Substandard
- (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----|----|------|----|----|----|-----|----|----|----|----|
| | | - 10 | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | - 1 | | | | |
| 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | |
| 48 | 49 | 50 | 51 | 52 | | | | | | |
| | | | | | 1 | | | | | |

Data Status Codes:

(Blank) Correct

- (5) Sequencing error
- (1) Derived error
- (7) Incorrect edit override
- (2) Non-correctable error
- (8) MDE error
- (3) Correctable error
- (9) Unknown coded
- (4) Change—no error

0

U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

01

2. Case Number - Stratum

9304

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| 0.I.CA.I.S | | | | | | | | _ | Injury Occi | | Occupan |
|------------|-----------------------------|----------------|----------------------------------|-------------------------------|--------------------|--------------------|--------------|------------------|-------------------------------|-------------------------------|-----------------------|
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific · Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Source Confidence Level | Direct/ Indirect Injury | |
| 1st | 5. 7 | 6. 8 | 7. <u>4</u> | 8. <u>0 3</u> | e. <u>O 3</u> | 10 | 11. / | 12.45 | 13. / | 14 | 15. <u>0</u> <u>0</u> |
| 2nd | 16 | 17 | 18 1: | 9 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 3rd | 27 | 28 | 293 | o | 31 | 32. <u> </u> | 33 | 34 | 35 | 36 | 37 |
| 4th | 38, | 39 | 404 | 1 | 42 | 43 | 44 | 45. <u> </u> | 48 | 47 | 48 |
| 5th | 49 | 50 | 51 5 | 2 | 53, | 54 | 65. <u> </u> | 56 | 57 | 58 | 59 |
| 6th | 60 | 61 | 626 | 3 | 64 | 86 | 66 | 67 | 68 | 69 | 70 |
| 7th | 71 | 72 | 73 7 | 4 | 76. <u> </u> | 76 | 77 | 78 | 79 | 80 | 81 |
| 8th | 82 | 83 | 84 8 | 5 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
| 9th | 93 | 94 | 959 | 6 | 97 | 98 | 99 | 100 | 101 | 102 | 103 |
| 10th | 104 | 105 1 | 0610 | 71 | 08 | 109 | 110. | 111 | 112 | 113 | 114 |

| | OFFICIAL INJURY DATA | - SKELETAL INJURIES |
|---------------------------------------|----------------------|--|
| Restrained? No Yes | | h, fracture type, head injury clinical signs and neurological deficits), and |
| Blood Alcohol Level (mg/dl) | bodo | |
| Glasgow Coma Scale Score GCSS = | | |
| Units of Blood Given Units = | | |
| Arterial Blood Gasse pH = PO, = | | |
| РСО, | | |
| | | |



National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY ZONE CENTER | SECOND LEVEL REVIEW | | | |
|---|--|--|--|--|
| 1. PSU Number 2. Case Number – Stratum 3. Vehicle Number 4. Occupant Number | 16. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | | | |
| 4. Occupant Number 5. Documentation of Interview Data on Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING | AIS 1-7 3-6 17. Number of Rows Added by Second | | | |
| Injury Mechanisms & Information Intrusions 6. Date Data Included With Initial Submission Coded 7. Coded By (Initials) | ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15 | | | |
| Contact Injury Mechanisms & Intrusions 9. Date Data Included _ / _ / _ / _ / _ / _ / / _ / / _ / / _ / / _ / _ / / _ / / _ / | 19. Date Of Second Level// | | | |
| AIS 1-7 3-6 11. Number of Injury Rows Coded 12. Number of Unknown Injuries 13. Number of Unknown Injury Contact Mechanisms MDE STATUS 14. Date MDE'ed 15. MDE'ed By (Initials) | | | | |

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety

| dministration | OCCUPANT'S SEATING |
|--|--|
| 1. Primary Sampling Unit Number NCSI | 10. Occupant's Seat Position 21 |
| 2. Case Number - Stratum 7 3 0 4 | Front Seat (11) Left side |
| 3. Vehicle Number | (12) Middle |
| 4. Occupant Number <u>0 3</u> | (13) Right side (14) Other (specify): |
| OCCUPANT'S CHARACTERISTICS | (15) On or in the lap of another occupant |
| 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown | Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant |
| 6. Occupant's Sex (1) Male (2) Female (9) Unknown | Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant |
| 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown | Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant |
| 70 inches X 2.54 = 1778 centimeters | (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown |
| 8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown | 11. Occupant's Posture (0) Normal posture |
| 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown | Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown |
| | |

| EJECT | TION/EI | NTRAPMENT |
|--|---------|--|
| 12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | 0 | 15. Medium Status (Immediately Prior To Impact) On No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown |
| 13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | 0 | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown |
| 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown | | |
| | | |

| RESTRAINT SYST | TEM EVALUATION |
|--|--|
| 17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) | 21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown |
| (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): | 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): |
| 19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat | (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts |
| Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown | 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown |
| 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): | (9) Police indicated "unknown" |
| (8) Other manual belt failure (specify): | |

| Accident Sampling System-Crashworthiness Data HEAD RESTRAINT AN | |
|---|---|
| 25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): |
| (9) Unknown | (7) Combination of above (specify): (8) Other (specify): |
| 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown | (9) Unknown |
| . * | |
| | |
| | ÷ |
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| | |

| | CHILD SA | FETY SEAT |
|-----|---|--|
| 28. | Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used | 31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage Note: Options below applicable to |
| | Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (14) Unknown orientation | Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used |
| | Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used | |

| INJURY CONSEQUENCES | 38. Working Days Lost 97 |
|--|--|
| 34. Injury Severity (Police Rating) | Code the number of days (up through 60) that the occupant |
| (O) O No injury | lost from work due to the accident |
| (0) O - No injury | (00) No working days lost |
| (1) C - Possible injury (2) B - Nonincapacitating injury | (61) 61 days or more |
| (3) A - Incapacitating injury | (62) Fatally injured |
| (4) K - Killed | (97) Not working prior to accident |
| (5) U - Injury, severity unknown | (99) Unknown |
| (6) Died prior to accident | |
| (9) Unknown | STOP - GO TO VARIABLE 44 ON PAGE 7 |
| | |
| | VARIABLES 39 THROUGH 43 ARE |
| 35. Treatment - Mortality | COMPLETED BY THE ZONE CENTER |
| (0) No treatment | |
| (1) Fatal | 0.0 |
| (2) Fatal - ruled disease (specify): | 39. Time to Death Code number of hours from time of |
| | · · · · · · · · · · · · · · · · · · · |
| Nonfatal | accident to time of death up through 24 hours. If time of death is greater than 24 |
| (3) Hospitalization | hours, code number of days. (Note: 1 day = |
| (4) Transported and released | 31, 2 days = 32, n days = 30 +n up |
| (5) Treatment at scene - nontransported | through 30 days = 60) |
| (6) Treatment later | (00) Not fatal |
| (8) Treatment - other (specify): | (96) Fatal - ruled disease |
| | (99) Unknown |
| (9) Unknown | |
| | 40. 1st Medically Reported Cause of Death O |
| 36. Type Of Medical Facility (for Initial Treatment) | 40. Ist intedically neported cause of Death |
| (0) Not treated at a medical facility | 41. 2nd Medically Reported Cause of Death O |
| (1) Trauma center | |
| (2) Hospital | 42. 3rd Medically Reported Cause of Death <u>o</u> |
| (3) Medical clinic | Code the Occupant Injury from line |
| (4) Physician's office | number(s) for the medically reported |
| (5) Treatment later at medical facility | injury(s) which reportedly contributed to |
| (8) Other (specify): | this occupant's death |
| (9) Unknown | (00) Not fatal or no additional causes |
| (a) Unknown | (97) Other result (includes fatal ruled |
| | disease) (specify): |
| 37. Hospital Stay | (99) Unknown |
| (00) Not Hospitalized | 100) Ciliaioviii |
| Code the number of days (up through 60) | |
| that the occupant stayed in hospital. | 43. Number of Recorded Injuries for |
| (61) 61 days or more | This Occupant O |
| (99) Unknown | Code the actual number of |
| · | injuries recorded for this occupant. |
| | (00) No recorded injuries |
| | (97) Injured, details unknown (99) Unknown if injured |
| * | (99) Olikilowii ii iiijuleu |
| | |
| | |
| | |

| ALTERNATION DELT CVCTEM | ^ |
|---|---|
| AUTOMATIC BELT SYSTEM 44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional | 48. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| (4) Automatic belts destroyed or rendered inoperative(9) Unknown | (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown |
| 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): |
| 46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown | STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER TRAUMA DATA |
| 47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly | (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): |
| with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown | (9) Unknown if blood given 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |
| ARE ALL APPLICABLE MEDICAL RECO | ORDS INCLUDED NO [] YES [] |
| UPDATE CANDIDATE? | NO [/] YES [] |



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration

| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured? |
|--|--|
| 1. PSU Number NCSI | (0) No (1) Yes |
| 2. Case Number—Stratum 9304 | (9) Unknown |
| 3. Researcher Completing Form | 15. Status of Medical Release |
| 4. Vehicle Number | (0) Occupant not injured (1) Medical release not required at medical facility |
| 5. Occupant Number 03 | Medical Release Required (2) Required not obtained |
| 6. Interviewer Number | (3) Required obtained |
| 7. Date Interview Completed 8. Date Official Medical Data Requested | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization (04) Hospitalization |
| 9. Date Official Medical Data// Obtained 10. Occupant's Role | (05) Emergency room treatment only (06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of treatment (99) Unknown |
| (2) Passenger (3) Unknown | * |
| 11. Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): | 17. Injury Information Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify): |
| 4 | |

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (01) No record of treatment at medical facility
- (02) Medical release required—not obtained
- (O3) Injury not related to accident
- (O4) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (O) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| | 4 | 5 | 6 | 7, | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|----|----|----|-----|-----|----|----|----|----|----|----|
| I | | | | | | | | | | | |
| • | 15 | 16 | 17 | 18 | ·19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | 1. | -3: | | | | | | | |
| • | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | | |
| • | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | | |
| • | 48 | 49 | 50 | 51 | 52 | | - | | | | |
| | | | | | |] | | | | | |

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



OCCUPANT ASSESSMENT FORM

Form Approved O.M.C. No. 2127-0021

| National Highway | Traffic Safety | |
|-----------------------|----------------|--|
| <u>Administration</u> | | |

| Administration | OCCUPANT'S SEATING |
|--|---|
| 1. Primary Sampling Unit Number NCSI | 72 |
| 2. Case Number - Stratum 9304 | Front Seat |
| 3. Vehicle Number | (11) Left side (12) Middle |
| 4. Occupant Number | (13) Right side (14) Other (specify): |
| OCCUPANT'S CHARACTERISTICS | (15) On or in the lap of another occupant |
| 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown | Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant |
| 6. Occupant's Sex (1) Male (2) Female (9) Unknown | Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant |
| 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown | Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant |
| 67 inches X 2.54 = 170.18 centimeters | (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown |
| 8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown | 11. Occupant's Posture (0) Normal posture |
| 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown | Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown |
| | |

| EJECTION/ENTRAPMENT | | | | | |
|---|----------|--|--|--|--|
| 12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | ٩ | 15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown | | | |
| 13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | 0 | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown | | | |
| 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): | <u>O</u> | | | | |
| (9) Unknown | | | | | |
| | | | | | |

| RESTRAINT SYST | TEM EVALUATION |
|--|---|
| 17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) | 21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown |
| (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt | 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence |
| removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat | undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown |
| (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts | 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly | Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts 24. Police Reported Restraint Use |
| (3) Shoulder belt wom under arm (4) Shoulder belt wom behind back or seat (5) Belt wom around more than one person (6) Lap belt wom on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown | (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown" |
| 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): | |
| (8) Other manual belt failure (specify): | |

| HEAD RESTRAINT AND | O SEAT EVALUATION |
|---|--|
| 25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): |
| 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown | (9) Unknown |
| | |

| (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Unknown orientation Unknown orientation Unknown Design or Orientation For This Age/Weight Unknown Design or Orientation For This Age/Weight Unknown Design or Orientation For This Age/Weight | | CHILD SA | FETY SEAT |
|--|-----|--|---|
| (998) Unknown make/model (999) Unknown if child safety seat used 29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat used (9) Unknown if child safety seat used 30. Child Safety Seat Orientation (00) No child safety seat (01) After market harness/shield/tether used (02) After market harness/shield/tether used (03) Child safety seat used (04) After market harness/shield/tether used (05) After market harness/shield/tether used (06) Unknown if harness/shield/tether added (09) Unknown if harness/shield/tether used (19) Unknown if harness/shield/tether not used (19) Unknown if harness/shield/tether not used (19) Unknown if harness/shield/tether used (20) Unknown if harness/shield/tether used (21) Harness/shield/tether used (22) Harness/shield/tether used (23) Unknown if harness/shield/tether used (24) Unknown if harness/shield/tether used (25) Unknown if harness/shield/tether used (26) Unknown if harness/shield/tether used (27) Unknown if har | 28. | (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat | 32. Child Safety Seat Shield Usage |
| (01) No child safety seat (11) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat used (9) Unknown if child safety seat used (11) Infant seat (12) Toddler seat (23) Convertible seat (24) Booster seat (27) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used (12) Unknown if harness/shield/tether added or used (13) Unknown if child safety seat used (14) Unknown if harness/shield/tether used (15) Unknown if harness/shield/tether used (19) Unknown if harness/shield/tether used (20) Unknown if harness/shield/tether used (21) Harness/shield/tether used (22) Unknown if harness/shield/tether used (23) Unknown if harness/shield/tether used (24) Harness/shield/tether used (25) Unknown if harness/shield/tether used (26) Unknown if harness/shield/tether used (27) Unknown if harness/shield/tether used (28) Unknown if harness/shield/tether used (29) Unknown if harness/shield/tether (21) Harness/shield/tether (21) Harness/shield/tether (21) Harness/shield/tether (21) Harness/shield/tether (21) Harness/shield/tether (22) Unknown if harness/shield/tether (21) Harness/shield/tether (22) Unknown if harness/shield/tether (23) Unknown if harness/shield/tether (24) Unknown if harness/shield/tether (25) Unknown if harness/shield/tether (26) Unknown if harness/shield/tether (27) Unknown if harness/shield/tether (28) Unknown if harness/shield/tether (29) Unknown if harness/shield/te | | | Note: Options below applicable to Variables OA31-OA33. |
| (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used | | (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation | (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used |

| INJURY CONSEQUENCES | 38. Working Days Lost 97 |
|--|---|
| 34. Injury Severity (Police Rating) | Code the number of days |
| 54. Injury Severity (Folioc Flathing) | (up through 60) that the occupant lost from work due to the accident |
| (0) O - No injury | (00) No working days lost |
| (1) C - Possible injury (2) B - Nonincapacitating injury | (61) 61 days or more |
| (3) A - Incapacitating injury | (62) Fatally injured |
| (4) K - Killed | (97) Not working prior to accident (99) Unknown |
| (5) U - Injury, severity unknown | (oo) chaletti |
| (6) Died prior to accident (9) Unknown | STOP - GO TO VARIABLE 44 ON PAGE 7 |
| (b) Gildiowii | SIDE - GO TO VARIABLE TO DICEASE. |
| 35 Treatment - Mortality | VARIABLES 39 THROUGH 43 ARE |
| 35. Treatment - Mortality | COMPLETED BY THE ZONE CENTER |
| (1) Fatal | |
| (2) Fatal - ruled disease (specify): | 39. Time to Death |
| | Code number of hours from time of |
| Nonfatal | accident to time of death up through 24 |
| (3) Hospitalization | hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = |
| (4) Transported and released | 31, 2 days = 32 , n days = $30 + n$ up |
| (5) Treatment at scene - nontransported | through 30 days = 60) |
| (6) Treatment later (8) Treatment - other (specify): | (00) Not fatal |
| (o) Treatment - Other (specify). | (96) Fatal - ruled disease (99) Unknown |
| (9) Unknown | (SO) Chialowi |
| 5 | 40. 4 s. Markalla Basardad Course of Booth (2.0) |
| 36. Type Of Medical Facility (for Initial Treatment) | 40. 1st Medically Reported Cause of Death |
| (0) Not treated at a medical facility | 41. 2nd Medically Reported Cause of Death _ O |
| (1) Trauma center | |
| (2) Hospital (3) Medical clinic | 42. 3rd Medically Reported Cause of Death |
| (4) Physician's office | number(s) for the medically reported |
| (5) Treatment later at medical facility | injury(s) which reportedly contributed to |
| (8) Other (specify): | this occupant's death |
| (9) Unknown | (00) Not fatal or no additional causes (97) Other result (includes fatal ruled |
| (o) cinate in | disease) (specify): |
| 37. Hospital Stay | |
| 37. Hospital Stay (00) Not Hospitalized | (99) Unknown |
| Code the number of days (up through 60) | |
| that the occupant stayed in hospital. | 43. Number of Recorded Injuries for |
| (61) 61 days or more (99) Unknown | This Occupant O |
| (33) Olikilowii | Code the actual number of injuries recorded for this occupant. |
| | (00) No recorded injuries |
| | (97) Injured, details unknown |
| | (99) Unknown if injured |
| | |
| | |
| 1 | |
| | |

| AUTOMATIC BELT SYSTEM | 48. Automatic (Passive) Belt Failure Modes |
|--|---|
| 44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown | During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown | (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown |
| 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown |
| 46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown | STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE GENTER TRAUMA DATA |
| 47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than | 50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured |
| one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given |
| (8) Other improper use of automatic belt system (specify):(9) Unknown | 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |
| ARE ALL APPLICABLE MEDICAL RECO WITH INITIAL SUBMISSION? | RDS INCLUDED NO[] YES[] |
| UPDATE CANDIDATE? | NO [/] YES [] |



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration

| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured? |
|--|--|
| 1. PSU Number NCSI | (0) No (1) Yes |
| 2. Case Number—Stratum 9304 | (9) Unknown |
| 3. Researcher Completing Form | 15. Status of Medical Release (0) Occupant not injured |
| 4. Vehicle Number <u>0 /</u> | (1) Medical release not required at medical facility |
| 5. Occupant Number | Medical Release Required (2) Required not obtained |
| 6. Interviewer Number | (3) Required — obtained |
| 7. Date Interview Completed | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization |
| 9. Date Official Medical Data/ | (O4) Hospitalization (O5) Emergency room treatment only (O6) Treatment at physician's office (O7) Treatment at scene or self treatment (O8) Outpatient surgery (O9) Treatment at medical facility—unknown level of treatment |
| (1) Driver (2) Passenger | (99) Unknown |
| (3) Unknown | |
| 11. Interviewee For This Occupant (O) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): Drive Mathe 12. Manner Of Interview (O) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only) 13. Result Of Last Interview Attempt (O1) Unable to contact or locate (O2) Hit and run (O3) Fatal—surrogate not available (O4) In intensive care—surrogate not available (O5) Out-of-state resident (O6) Refused interview (O7) Insurance company refusal (O8) Attorney refusal or litigation (O9) No return of questionnaire | 17. Injury Information Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify): |
| (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview | |

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (O1) No record of treatment at medical facility
- (02) Medical release required—not obtained
- (O3) Injury not related to accident
- (O4) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (O) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| 4 | 5 | 6. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----|----|----|----|-----|----|-----|----|----|----|----|
| | | | | | | 100 | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | * | - | | 71 | | | | |
| 26 | 27 | 28 | 29 | 3.0 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | |
| 48 | 49 | 50 | 51 | 52 | | | - | | | |
| | | | | |] | | | | | |

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



U.S. Department of Transportation National Highway Traffic Safety Administration

INTERVIEW FORM (A)

| 1. Primary Sampling Unit Number NCSI | Interviewee(s) Role or Name(s): |
|---|---|
| 2. Case Number - Stratum 9 3 0 9 | Driver of Case Vehicle |
| 3. Vehicle Number O I | Dodge Intrepid |
| Review all available information and interview q acquisition of all pertinent data. | uestions prior to conducting interview(s) to ensure the |
| If the driver was not the person interviewed, wa | as an appointment made for a follow-up interview? |
| DRIVER'S DESCRI | PTION OF ACCIDENT EVENTS |
| | |
| Trevelling SB on | in fruit of me hit brakes (no lockup) |
| other vehicle until it was | in fruit of me hit brakes - (no lockup) |
| but hit RR of other wehi | c to girbag) then was at sideways |
| instant I lost vision (du | c to airbag) then was at sideways |
| In #3 lane partially in | #2 lane facing westerly |
| | |
| | |
| | |
| | |
| | |
| | |
| . + | |
| | |
| | |
| | NOTICE OF A COLDENT EVENTS |
| OCCUPANT'S DESC | CRIPTION OF ACCIDENT EVENTS |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH



U.S. Department of Transportation National Highway Traffic Safety

INTERVIEW FORM (B)

| dministration CRASHWORTHINESS DATA SYSTEM | | | | |
|--|---|--|--|--|
| 1. Primary Sampling Unit Number NCSI In 2. Case Number - Stratum 9 3 0 4 3. Vehicle Number | Driver | | | |
| 5. Vehicle Nulliber | | | | |
| ACCIDENT | DATA QUESTIONS | | | |
| ACCIDENT. | | | | |
| 1. Can you tell me in which direction you were travel | ing? 6a. What actions did you take? | | | |
| [] North [X] South [] East [] West | [] Braking with lock-up [⋉] Braking without lock-up | | | |
| (Optional - Where were you coming from or going So Ing home 2. In which lane were you traveling? (Next lane 1 is designated as the right purb lane.) | to? [] Releasing brakes [] Accelerating [] Steering left [] Steering right [] Other (specify): | | | |
| (Note: Lane 1 is designated as the right curb lane. [1] [2] [3] [4] [] Other (specify): | 7. Where was your vehicle at the time of the collision? | | | |
| 3. Can you remember your <u>estimated travel speed</u> (in reper hour) before the accident? [] Stopped [] 1-10 [] 10-20 [] 20-30 | ☑ Original travel lane [] Different travel lane [] In intersection [] Off roadway to right [] Off roadway to left [] Other (specify): | | | |
| 4. Just before the accident, can you tell me what you intending to do or were doing? | [] higher [] Unknown 8a. Can you estimate your speed at the time of the collision? | | | |
| 5. Did you experience any loss of control due to we conditions or mechanical problems? No ☐ Yes (If yes, describe below) | how your vehicle moved to its stopped position? Totaled approx. To-80 degrees In a Cal manner 10. Can you tell me how many collisions your vehicle had | | | |
| 6. Did you have to take any <u>avoidance actions prior taccident?</u> [] No - Go to question 7 [X] Yes - Go to question 6a | during the accident and the source of the collisions? Just one - Front of my vehicle to RR of other vehicle | | | |

| ional Accident Sampling System-Crashworthiness Data | System: Interview Form | Page |
|---|---|-------------|
| . Primary Sampling Unit Number NCSI | 3. Vehicle Number | 0 1 |
| . Case Number - Stratum 9304 | 4. Occupant Number | 01 |
| VEHICLE/DRIVER D | ATA QUESTIONS | |
| | 7b. Were any of the belts removed or not funct | ional prior |
| 1. Can you tell me the year, make, model of your vehicle? | to the accident? | • |
| Taterald | ⊠ No | |
| 1 99 5, Doaze, | [] Yes (If "Yes", specify which belt and | d describe |
| 1993, Dodge, Intrepid | problem) | u describe |
| 2. Can you describe the damage to your vehicle? | | |
| while front and hood fenders, bumper | | |
| while front and hood fenders bumper wis all damaged | | |
| | 8. Do any of the front belts move along a moto | rized tracl |
| 3. Was there any previous damage to your vehicle that is | when the door is opened or closed? | |
| not related to this accident? | [X No (If "No", go to question 9) | |
| | [] Yes (If "Yes", what seat location?) | |
| ⋈ No | [] Left Front | |
| [] Yes (If "yes", describe below) | [] Right Front | |
| | [] Right Front | |
| | 8a. Were the motorized belts working properly | hefore th |
| | | Deloie ai |
| 4. Did any of the doors (hatch, tailgate) open during the | accident? | |
| accident? | [] No (If "No", describe condition below |) |
| M No | | |
| [] Yes (If "Yes", describe below) | | |
| () 100 (III 100) Essentia | [] Yes | |
| | | |
| | 8b. Were the belts connected to the track p | orior to th |
| 5 Division of the united area broads during the accident? | accident? | |
| 5. Did any of the windows break during the accident? | [] No | |
| [] No | [] Yes | |
| [X] Yes (If "Yes", describe below) | | |
| w/s was damaged, stress fx s | [] Unknown | |
| | 9. Do any of the front "seat" belts attach to the | a door su |
| | 9. Do any of the front seat beits attach to the | |
| 6. Does your vehicle have a glove compartment? | that when the door is opened the belt trave | as with t |
| [] No | door? | |
| [X] Yes | ⋈ No (go to question 10) | |
| (74 100 | [] Yes | |
| 6a. Did the glove compartment door come open during the | | |
| | 9a. Does this belt come across the | |
| accident? | [] Chest only | |
| [×] No | [] Lap and chest | |
| [] Yes | [] Lap and Great | |
| [] Unknown | Of Manualis half assessed arise to the cost | lent? |
| | 9b. Was this belt connected prior to the accid | JCIIL! |
| 7. Does your vehicle have "seat belts"? | [] No | |
| [] No (If "No", go to question 7b) | [] Yes | |
| Yes (If "Yes", go to question 7a) | [] Unknown | |
| | | |
| 7a. Can you describe the type of seat belt for each seat? | AIR BAGS | |
| Driver's seat [] Lap [\textsqrt Lap and shoulder | AIII-B/160 | |
| Front seat middle [] Lap [] Lap and shoulder | 40 to the second second and a delicaria a | ide air ha |
| Front seat right [] Lap [X] Lap and shoulder | 10. Is your vehicle equipped with a driver's s | ide all naf |
| | [] No (go to question 11) | |
| | [X] Yes (go to question 10a) | |
| Rear seat middle [X] Lap [] Lap and shoulder | [] Unknown (go to question 11) | |
| Rear seat right [] Lap [X] Lap and shoulder | | |
| | 10a. Did the air bag inflate during the accident | t? |
| (Identify seat belts for third row and beyond | [] No (go to questions 10b and 10c) | |
| _ | Yes (go to question 10e) | |
| | X1 Les (80 to direstroit (net | |
| | | |

[] Unknown

| lational Accident Sampling System-Crashworthiness Data | System: Interview Form Page |
|--|--|
| 1. Primary Sampling Unit Number <u>NCST</u> | 3. Vehicle Number |
| 2. Case Number - Stratum 9 3 0 4 | 4. Occupant Number O / |
| OCCUPANT DA | TA QUESTIONS |
| Was there anyone else in your vehicle at the time of the accident? No (If "No", go to question 4) Yes (If "Yes", specify number in question 2 below and then go to question 3) Unknown | 5d. Were you (Was he/she) [➢ Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION |
| 2. How many? [1] One other person [2] Two other persons [3] Three other persons [4] Four other persons [5] Five other persons [6] Six other persons [7] Seven or more other persons (specify number:) 3. Where was this person sitting? (Circle seating positions) | 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [✗ No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No [] Yes (Describe:) |
| [12] [13] [21] [22] [23] [31] [32] [33] [] Other (specify:) OCCUPANT CHARACTERISTICS | OCCUPANT RESTRAINT 7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [x] Yes [] Unknown |
| 4. Can I have your (his/her) height, weight, age, and sex? Height 5'7" Weight 150 Age 36 Sex: [] Male [X] Female OCCUPANT POSTURE | 7a. Were you (Was he/she) wearing the [] Lap belt? [汉 Lap and Shoulder belt? [] Shoulder belt? 7b. Can you describe how you were (he/she was) wearing the lap belt? |
| 5. Can you tell me how you (he/she was) were sitting in your vehicle? normal upright behind steering wheel, back against seet (shoulders not touching) 5a. Can you describe the location of your (his/her) feet just prior to the collision? Right foot on gas /eft flat on floor | [] Across the stomach [Low on lap |
| 5b. Can you describe the location of your (his/her) arms? Right hand at 2 oclock on wheel Left hand at 10 oclock on wheel | 7d. Did any part of the belt system break or tear? [> No [] Yes (If "Yes", describe) [] Unknown OCCUPANT ENTRAPMENT |
| 5c. Was your (his/her) back resting against the seat back rest? [] No (If "No", describe the position) [X] Yes but shoulders not touching [] Unknown Seat back | 8. Were you (Was he/she) trapped in the vehicle? [X] No [] Yes (If "Yes", describe) |

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PSU Number NCST

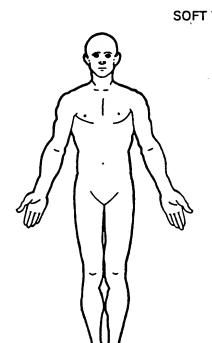
Case Number—Stratum 9304

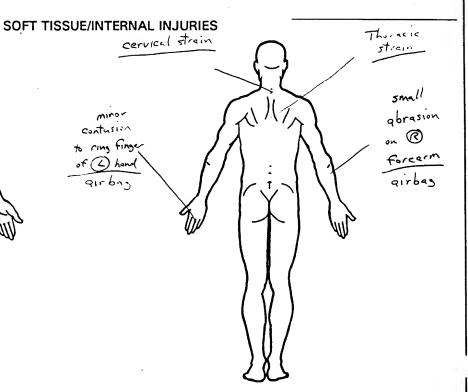
Vehicle Number 0 /

Occupant Number O /

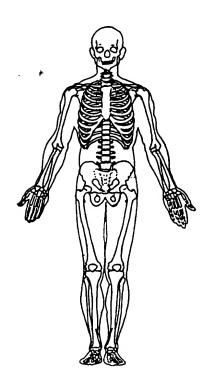
INJURY DATA FROM INTERVIEWEE(S)

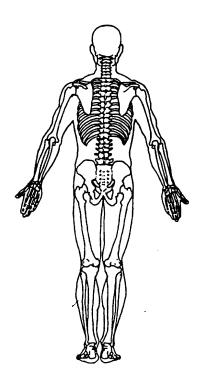
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Same person





SKELETAL INJURIES





| 1. Primary Sampling Unit Number NCSI | 3. Vehicle Number O / |
|--|---|
| 2. Case Number - Stratum 9 3 0 4 | 4. Occupant Number O |
| OCCUPANT INJURY | DATA QUESTIONS |
| Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) Yes (If "Yes", complete Occupant Injury Questions) Unknown | 5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown |
| 2. Did you (he/she) receive any cuts, abrasions, or bruises? No (go to question 3) Yes (If "Yes", record the exact location(s) and size on the manikin(s).) Unknown 2a. Do you know what caused your (his/her) injury(s)? | 6. Did you (he/she) suffer any joint sprains or muscle strains? [] No (If "No", go to question 7) ['Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown |
| [] No [∠] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 6a. Do you know what caused the injury(s)? ⋈ No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| 3. Did you (he/she) experience any broken bones? ⋈ No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown | 7. Did you (he/she) receive treatment for your (his/her/injury(s)? [] No (If "No", go to question 8) [] Yes (If "Yes", go to question 7a) |
| 3a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) Unknown 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown | 7a. Were you (Was he/she) treated by: [X] Hospital/trauma center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.) |
| 4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown | ✓ Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [⋈ No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.) |
| 5. Were any of your (his/her) internal organs injured? [[<td>7d. How many days were you (was he/she) in the hospital days</td> | 7d. How many days were you (was he/she) in the hospital days |

. .

| tional Accident Sampling System-Crashworthiness Data | | Page |
|---|--|------|
| 1. Primary Sampling Unit Number <u>NCSI</u> | 3. Vehicle Number | 01 |
| 2. Case Number - Stratum 9304 | 4. Occupant Number | 0/ |
| OCCUPANT INJURY DATA | QUESTIONS (CONTINUED) | |
| 7e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) Unknown 7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? No Yes (If "Yes", mail or present the form for signature.) | 8. Have you (he/she) lost any days from v (college)? [] No [] Yes (If "Yes", determine the numbe (Specify:)] Not working prior to the accident [] Unknown | |
| · | | |
| | | |
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CONTACT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| Administration | | CHACHIVORTHINESC DATA CICIEN |
|---|---------------------------|--|
| 1. PSU Number | NCSI | 3. Vehicle Number |
| 2. Case Number-Stratum | 9304 | Assigned Researcher Number |
| VEHICLE INS | SPECTION | INTERVIEW |
| Date Time | ID# Contact Manner Result | DRIVER INTERVIEW Date Time ID# Contact Manner Result |
| 93 | <u>3</u> 19 | Date Time ID# Contact Manner Result 10 |
| 93 | 3 2 2 | |
| , , | | |
| | | |
| — — '— — · · · · · | , | 193 12:00 1 1 10 |
| — - '— - '— — - | | 193 09:00 1 1 10 |
| — — '— — '— — - | 10 | A3 20:00 1 1 13 |
| '' - - | | |
| '' - | | OCCUPANT INTERVIEW |
| '' | | Occ. No. Date Time ID# Contact Manner Result |
| '' <u>:</u> | | <u>2</u> 193 20:00 1 1 13 |
| <i>''</i> | | 3 193 20:00 1 1 13 |
| <i>' '</i> :_ | 7 - 1 - 10 - 1 - 1 - 1 | 4 93 20.00 1 1 13 |
| '':- | | |
| | | |
| CONTACT (1) Owner/driver (2) Towyard (3) Repair facility (4) Salvage yard (5) Police (6) Insurance company (7) Attorney (8) Other (specify): MANNER (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify): RESULT (1) Complete inspection (2) Partial inspection (3) Refusal (4) Vehicle moved to known to | ocation | CONTACT (0) No interview (1) Driver (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories MANNER (0) Vehicle not occupied (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify): RESULT (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation |
| (5) Vehicle moved to unknown (6) Vehicle located, no permis (7) Vehicle repaired (8) No answer/not home (9) Other (specify): | | (09) No return of questionnaire (10) Other (specify): Answeine Machine (11) Return of completed questionnaire (12) Partial interview (13) Complete interview |

| VEH | IICLE INSPE | CTION | | | OCCUP | PANT INTER | RVIEW |
|-----------------|-----------------|--------------|-----------------|----------------|-------------|-------------------|---------------------------|
| Date | Time | ID# Contact | t Manner Result | Ooc. No. | Date | Time | ID# Contact Manner Result |
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| DF | RIVER INTER | VIEW | | 1 | | : | |
| Date | Time | | t Manner Result | İ | _'' | : | |
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| tional Accident Sampling System-Crashworthiness Data 1. Primary Sampling Unit Number $NCSI$ 3. Ve | hicle Number / |
|--|---|
| | cupant Number <u>O</u> <u>A</u> |
| . Case Number - Stratum 9 3 0 4 4. Oc OCCUPANT DATA QUE | |
| | |
| Who was the next occupant in your vehicle at the time of the accident? | 5d. Were you (Was he/she) [➢] Sitting upright or [] Leaning to left side, or [] Leaning to right side? |
| | OCCUPANT EJECTION |
| 2. Occupant Number 2 of 4 . | 6. Were you (Was he/she) or any part of your (his/her) bod thrown from the vehicle during the accident? [▷] No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown |
| Where were you (was this person) sitting? (Circle seating positions) | 6a. Can you remember what part of the vehicle you we (he/she was) thrown out? [] No [] Yes (Describe:) |
| [12] ([13]) [21] [22] [23] | |
| [31] [32] [33] | OCCUPANT RESTRAINT |
| [] Other (specify:) | 7. Were you (Was he/she) wearing a seat belt just before |
| OCCUPANT CHARACTERISTICS | the accident? [] No (If "No", go to question 8) |
| 4. Can I have your (his/her) height, weight, age, and sex? | [义] Yes [] Unknown |
| Height 4 Weight 70 lbs Age 10 | 7a. Were you (Was he/she) wearing the |
| Sex: Male [] Female | [] Lap belt? [⋈] Lap and Shoulder belt? [] Shoulder belt? |
| OCCUPANT POSTURE | |
| 5. Can you tell me how you (he/she) was sitting in the | 7b. Can you describe how you were (he/she was) wear the lap belt? |
| vehicle? | [] Across the stomach [⋉] Low on lap |
| normal suprish back assinst seat | [] Other (specify:) |
| the the state in the | 7c. Can you describe how you were (he/she was) wear the shoulder belt? |
| 5a. Can you describe the location of your (his/her) feet just prior to the collision? | [X] Over the shoulder |
| hanging over edge - don't touch floor | [] Under the arm [] Behind the back |
| hanging over eage again touch the | [] Behind the seat |
| | [] Other (specify:) |
| 5b. Can you describe the location of your (his/her) arms? | 7d. Did any part of the belt system break or tear? [※] No |
| unknown | [] Yes (If "Yes", describe) |
| | [] Unknown |
| 5c. Was your (his/her) back resting against the seat back rest [] No (If "No", describe the position) | |
| [X] Yes | 8. Were you (Was he/she) trapped in the vehicle? [大] No [] Yes (If "Yes", describe) |
| | [] Unknown |

PSU Number NCSI

Case Number – Stratum 9 3 0 4

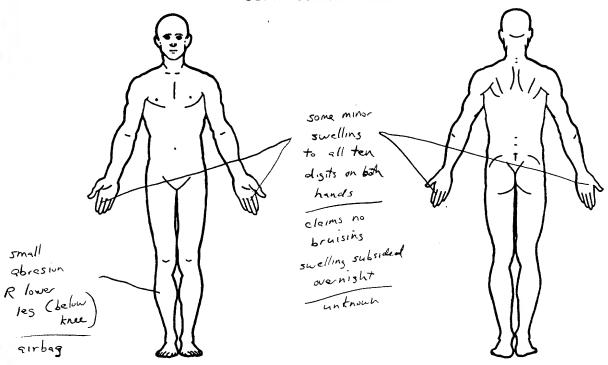
Vehicle Number O

Occupant Number 0 2

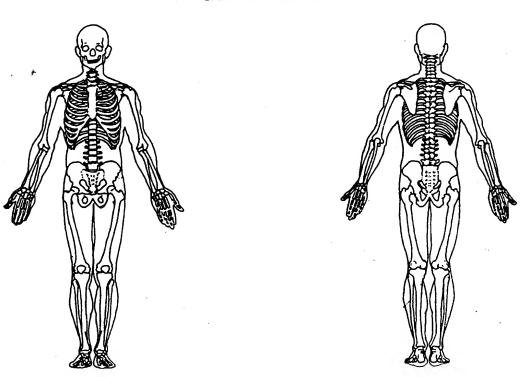
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Drive/Mother

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



| tional Accident Sampling System-Crashworthiness Data | System: Interview Form Page |
|---|--|
| 1. Primary Sampling Unit Number NCSI | 3. Vehicle Number |
| 2. Case Number - Stratum 9304 | 4. Occupant Number <u>o 2</u> |
| OCCUPANT INJURY | DATA QUESTIONS |
| 1. Were you (Was he/she) injured? [] No (If "No", go to next occupant. Stop if no other occupant.) [×] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown | 5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown |
| 2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [×] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown | 6. Did you (he/she) suffer any joint sprains or muscle strains? ⋈ No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and ther go to question 6a.) [] Unknown |
| 2a. Do you know what caused your (his/her) injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| 3. Did you (he/she) experience any broken bones? ☑ No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown | 7. Did you (he/she) receive treatment for your (his/he injury(s)? ⋈ No (If "No", go to question 8) [] Yes (If "Yes", go to question 7a) |
| 3a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name) [] Medical clinic [] Out patient surgery? (specify medic facility:) [] Paramedics or first aid at the scene? |
| 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown | [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.) |
| 4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown | [] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.) |
| 5. Were any of your (his/her) internal organs injured? No (If "No", go to question 6) Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) Unknown | 7d. How many days were you (was he/she) in the hospita |

| Reimary Sampling Unit Number **No.57_ | 3. Vehicle Number |
|---|---|
| . Case Number - Stratum 9 3 0 4 | 4. Occupant Number O 2 |
| | QUESTIONS (CONTINUED) |
| OCCUPANT INJURY DATA 7e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) Unknown 7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? No Yes (If "Yes", mail or present the form for signature.) | 8. Have you (he/she) lost any days from work or school (college)? [] No [] Yes (If "Yes", determine the number of days lost) |
| | |

| onal Accident Sampling System-Crashworthiness Date. Primary Sampling Unit Number $\mathcal{N} \subseteq \mathcal{I}$ 3. Verification | hicle Number O |
|--|---|
| . Case Number - Stratum 9304 4. Od | ccupant Number 0 3 |
| | ESTIONS SUPPLEMENT |
| . Who was the next occupant in your vehicle at the time of the accident? | 5d. Were you (Was he/she) |
| 2. Occupant Number 3 of 4 . | OCCUPANT EJECTION 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? ⋉ No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown |
| 3. Where were you (was this person) sitting? (Circle seating positions) [12] [13] [21] [22] [23] [31] [32] [33] | 6a. Can you remember what part of the vehicle you wer (he/she was) thrown out? [] No [] Yes (Describe:) OCCUPANT RESTRAINT |
| OCCUPANT CHARACTERISTICS 4. Can I have your (his/her) height, weight, age, and sex? | 7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [※] Yes [] Unknown |
| Height 5/0" Weight 145 Age 14 Sex: Male [] Female OCCUPANT POSTURE | 7a. Were you (Was he/she) wearing the [] Lap belt? [大] Lap and Shoulder belt? [] Shoulder belt? |
| 5. Can you tell me how you (he/she) was sitting in the vehicle? | 7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [※] Low on lap [] Other (specify:) [] Unknown |
| ia. Can you describe the location of your (his/her) feet just prior to the collision? | 7c. Can you describe how you were (he/she was) wearing the shoulder belt? [⋈] Over the shoulder [] Under the arm [] Behind the back [] Behind the seat [] Other (specify:) |
| Sb. Can you describe the location of your (his/her) arms? | 7d. Did any part of the belt system break or tear? [X] No [] Yes (If "Yes", describe) |
| 5c. Was your (his/her) back resting against the seat back rest | OCCOTANT ENTRAL MENT |
| [] Yes ⊠ Unknown | 8. Were you (Was he/she) trapped in the vehicle? [X] No [] Yes (If "Yes", describe) |

PSU Number NCSI

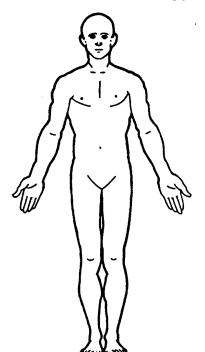
Case Number – Stratum 9304

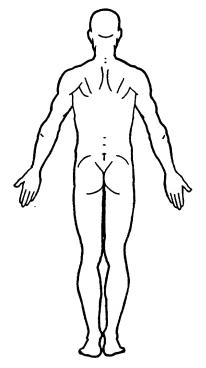
Vehicle Number 0 / Occupant Number 0 3

INJURY DATA FROM INTERVIEWEE(S)

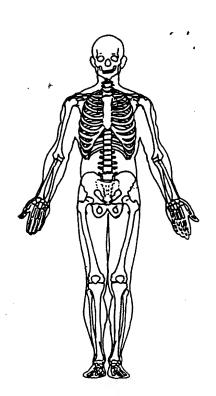
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Drive / Mather

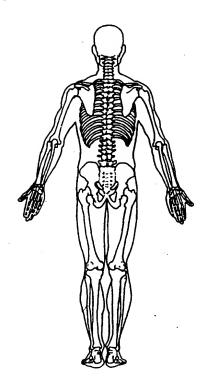
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





| ational Accident Sampling System-Crashworthiness Data | System: Interview Form Page |
|--|---|
| 1. Primary Sampling Unit Number NCSI | 3. Vehicle Number O / |
| 2. Case Number - Stratum 9304 | 4. Occupant Number <u>0 3</u> |
| OCCUPANT INJURY | DATA QUESTIONS |
| Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) Yes (If "Yes", complete Occupant Injury Questions) Unknown | 5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown |
| 2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown | 6. Did you (he/she) suffer any joint sprains or muscl strains? [] No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and the go to question 6a.) [] Unknown |
| 2a. Do you know what caused your (his/her) injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| 3. Did you (he/she) experience any broken bones? [] No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown | 7. Did you (he/she) receive treatment for your (his/he injury(s)? ➤ No (If "No", go to question 8) [] Yes (If "Yes", go to question 7a) |
| 3a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) Unknown 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown 4a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) on the manikin(s).) Unknown | 7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name) [] Medical clinic [] Out patient surgery? (specify medic facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.) [] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.) |
| 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown | 7d. How many days were you (was he/she) in the hospit |

| 1. Primary Sampling Unit Number 2. Case Number - Stratum OCCUPANT INJURY DATA QUESTIONS (CONTINUED) 7e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) Unknown 3. Vehicle Number 4. Occupant Number 4. Occupant Number 4. Occupant Number 4. Occupant Number 4. Occupant Number 4. Occupant Number 4. Occupant Number 4. Occupant Number (college)? [] No [] Yes (If "Yes", determine the number (Specify:) [] Not working prior to the accident [] Unknown | ork or school |
|---|---------------|
| 2. Case Number - Stratum OCCUPANT INJURY DATA QUESTIONS (CONTINUED) 7e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) No No No No No No No No No N | |
| OCCUPANT INJURY DATA QUESTIONS (CONTINUED) 7e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) | ork or school |
| 7e. Have you (Has he/she) received any follow-up treatment? No [] Yes (If "Yes", describe:) [] No (Specify:) [] Not working prior to the accident | ork or school |
| 7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for signature.) | of days lost) |
| | |
| | |
| | |
| | , |
| | |

| . Primary Sampling Unit Number <u>NCST</u> 3. Ve | hicle Number O / |
|---|--|
| . Case Number - Stratum 9 3 0 4 4. Od | ccupant Number 0 4 |
| OCCUPANT DATA QUI | STIONS SUPPLEMENT |
| . Who was the next occupant in your vehicle at the time of the accident? | 5d. Were you (Was he/she) [➢] Sitting upright or [] Leaning to left side, or [] Leaning to right side? |
| | OCCUPANT EJECTION |
| 2. Occupant Number $\underline{\hspace{1cm}}$ of $\underline{\hspace{1cm}}$ | 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [☒] No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown |
| 3. Where were you (was this person) sitting? (Circle seating positions) | 6a. Can you remember what part of the vehicle you wer (he/she was) thrown out? [] No [] Yes (Describe:) |
| [12] [13] [21] [22] [23] | |
| [31] [32] [33] [33] [33] | OCCUPANT RESTRAINT |
| Other (specify.) | 7. Were you (Was he/she) wearing a seat belt just before |
| OCCUPANT CHARACTERISTICS | the accident? [∫ No (If "No", go to question 8) [⊠] Yes |
| 4. Can I have your (his/her) height, weight, age, and sex? | [] Unknown |
| Height $\frac{57}{}$ Weight $\frac{150}{}$ Age $\frac{12}{}$ | 7a. Were you (Was he/she) wearing the |
| Sex: Male [] Female | [] Lap belt? [⋈] Lap and Shoulder belt? [] Shoulder belt? |
| OCCUPANT POSTURE | |
| 5. Can you tell me how you (he/she) was sitting in the vehicle? | 7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach |
| normal, uprisht | [义 Low on lap [] Other (specify:) [] Unknown |
| ia. Can you describe the location of your (his/her) feet just | 7c. Can you describe how you were (he/she was) wearing the shoulder belt? |
| prior to the collision? | [⋈] Over the shoulder |
| unknown | [] Behind the back |
| | [] Behind the seat [] Other (specify:) |
| 5b. Can you describe the location of your (his/her) arms? | 7d. Did any part of the belt system break or tear? [⋈] No |
| untnown | [] Yes (If "Yes", describe) |
| | [] Unknown |
| 5c. Was your (his/her) back resting against the seat back rest [] No (If "No", describe the position) | OCCOTANT ENTRA METER |
| [] Yes | 8. Were you (Was he/she) trapped in the vehicle? [x] No |

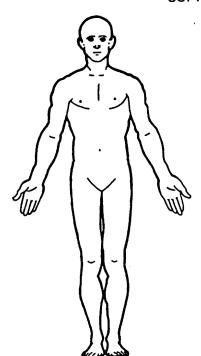
PSU Number NCSI

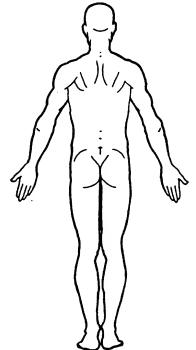
Case Number – Stratum 9 3 0 4 Vehicle Number 0 1 Occupant Number 0 4

INJURY DATA FROM INTERVIEWEE(S)

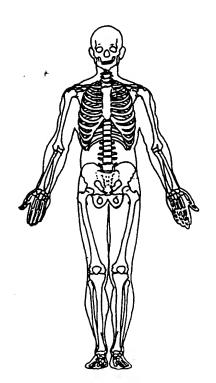
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Drive / Mother

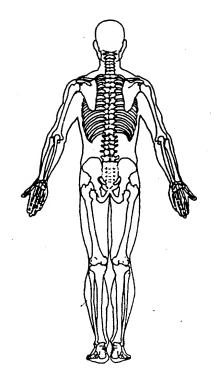
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





| Page 3 |
|-------------------|
| ent(s) on the |
| ns or muscle |
| n(s), and then |
| nent(s) on the |
| ospital name): |
| cify medical |
| 8. eased from the |
| |

| National Accident Sampling System-Crashworthines | ss Data System: Interview Form | Page 3 |
|--|--------------------------------|--------|
| 1. Primary Sampling Unit Number | O MARIA MARINA | 0 / |
| 2. Case Number - Stratum 9 3 0 | 4. Occupant Number | 04 |
| OCCUPANT IN | JURY DATA QUESTIONS | 40. |
| | | |

| OCCUPANT INJURY | DATA QUESTIONS |
|---|---|
| 1. Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) [] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown | 5a. Do you know what caused this injury? {] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| 2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown 2a. Do you know what caused your (his/her) injury(s)? | 6. Did you (he/she) suffer any joint sprains or muscle strains? [] No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown |
| [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown 3. Did you (he/she) experience any broken bones? | 6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| [] No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown | 7. Did you (he/she) receive treatment for your (his/her) injury(s)? No (If "No", go to question 8) Yes (If "Yes", go to question 7a) |
| 3a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? |
| 4. Did you (he/she) injure your (his/her) head? [] No (If "No", go to question 5) [] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) [] Unknown | [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.) |
| 4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown | [] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No" / give an explanation) [] Yes (If "Yes", go to question 7d.) |
| 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown | 7d. How many days were you (was he/she) in the hospital? |

| onal Accident Sampling System-Crashworthiness Data | System: Interview Form | Page |
|---|------------------------|---------------|
| Primary Sampling Unit Number NC 51 | 3. Vehicle Number | 0/ |
| | 4. Occupant Number | 04 |
| | QUESTIONS (CONTINUED) | |
| OCCUPANT INJURY DATA e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) Unknown 7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? No Yes (If "Yes", mail or present the form for signature.) | | ork or school |
| | | |
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| | | |
| | | |

| u.s. | Department | of | Transportation |
|------|------------|----|----------------|
| | | | |

"National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| 1. Primary Sampling Unit Number 2. Case Number - Stratum 3. Vehicle Number 2. Case Number 3. Vehicle Number | 11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown |
|--|--|
| 4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify): Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown | Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: AR |
| 6. Vehicle Model (specify): Sundance Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown 7. Body Type | ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown 45 mph X 1.6093 = 72 kph |
| Note: Applicable codes may be found on the back of this page. 8. Vehicle Identification Number 3 P 3 X P 6 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's | 14. Attempted Avoidance Maneuver (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating |
| 9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown | (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown |
| 10. Police Reported Travel Speed 999 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown mph X 1.6093 =kph | 15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown |

| P | g | e | 2 |
|---|---|---|---|
| | | | |

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

| | OCCUPANT RELATED | 24 | Rollover |
|------|--|-----|--|
| | | ۷4. | (0) No rollover (no overturning) |
| | Driver Presence in Vehicle | | (0) 110 10110101 (110 0101111111) |
| | (0) Driver not present (1) Driver present | | Rollover (primarily about the longitudinal axis) |
| | (1) Unknown | | (1) Rollover, 1 quarter turn only |
| | (9) Officiossii | | (2) Rollover, 2 quarter turns |
| | | | (3) Rollover, 3 quarter turns |
| 17. | Number of Occupants This VehicleO | | (4) Rollover, 4 or more quarter turns (specify): |
| | (00-96) Code actual number of occupants | | , |
| | for this vehicle | | |
| | (97) 97 or more (99) Unknown | | (5) Rolloverend-over-end (i.e., primarily |
| | (95) Olikilowii | | about the lateral axis) |
| - | | | (9) Rollover (overturn), details unknown |
| 18. | Number of Occupant Forms SubmittedO | | |
| | VEHICLE WEIGHT ITEMS | | OVERRIDE/UNDERRIDE (THIS VEHICLE) |
| | 1 10 | | |
| 19. | Vehicle Curb Weight | 25. | . Front Override/Underride (this Vehicle) |
| | 10 kilograms. | 26. | . Rear Override/Underride (this Vehicle) |
| | (045) Less than 450 kilograms | 1 | er e |
| | (610) 6,100 kilograms or more | | (0) No override/underride, or |
| 1 | (999) Unknown | 100 | not an end-to-end impact |
| | $\frac{2,617}{\text{lbs X}}$.4536 = $\frac{1}{\sqrt{87}}$ kgs | | |
| 1 | | | Override (see specific CDC) |
| l | Source: MVMA | | (1) 1st CDC |
| | 4 | - | (2) 2nd CDC |
| 20 | Vehicle Cargo Weight | 4. | (3) Other not automated CDC (specify): |
| 20. | Code weight to nearest | | |
| 1 | 10 kilograms. | l | Madamida (ana angoisia COC) |
| 1 | (000) Less than 5 kilograms | 1 | Underride (see specific CDC) |
| | (450) 4,500 kilograms or more | | (4) 1st CDC (5) 2nd CDC |
| | (999) Unknown | | (6) Other not automated CDC (specify): |
| | , lbs X .4536 =, kgs | | (b) Other not automated obo toposity. |
| | | | |
| | RECONSTRUCTION DATA | | (7) Medium/heavy truck or bus override |
| 21 | Toward Trailing Unit | 1 | (9) Unknown |
| 121. | Towed Trailing Unit (0) No towed unit | | |
| | (1) Yes—towed trailing unit | | HEADING ANGLE AT IMPACT FOR |
| 1 | (9) Unknown | | HIGHEST DELTA V |
| | | | THE TECHNICAL SECTION OF THE SECTION |
| 22 | Documentation of Trajectory Data | | Values: (000)-(359) Code actual value |
| 122. | for This Vehicle | | (997) Noncollision |
| 1 | (0) No | 1 | (998) Impact with object |
| 1 | (1) Yes | 1 | (999) Unknown |
| | | | |
| 23. | Post Collision Condition of Tree or Pole | 27 | 7. Heading Angle For This Vehicle OOO |
| -0. | (For Highest Delta V) | 1 | |
| 1 | (0) Not collision (for highest delta V) with | 28 | 3. Heading Angle For Other Vehicle/ <u> </u> |
| Ì | tree or pole | | , |
| 1 | (1) Not damaged (2) Cracked/sheared | | |
| | (3) Tilted <45 degrees | | |
| | (4) Tilted ≥45 degrees | | |
| | (5) Uprooted tree | | |
| • | (6) Separated pole from base | 1 | |
| 1 | (7) Pole replaced (8) Other (specify): | | |
| | to, other (specify). | | |
| 1 | (9) Unknown | 1 | |

Page 3

| | Secondary Highest |
|--|--|
| 29. Basis for Total Delta V (highest) | + 0 9 9 |
| | 32. Lateral Component of Delta V |
| Delta V Calculated | and Named Inch. 5 YOU |
| (1) CRASH program—damage only routine | 999 Nearest kph <u>5 KPH</u> |
| (2) CRASH program—damage and trajectory | 1110=== 000 |
| routine | (NOTE:000 means greater than |
| (3) Missing vehicle algorithm | -0.5 kph and less than +0.5 kph) |
| | (±160) ±159.5 kph and above |
| Delta V Not Calculated | (999) Unknown |
| (4) At least one vehicle (which may be this | |
| vehicle) is beyond the scope of an acceptable | 33. Energy Absorption 999, 900 |
| reconstruction program, regardless of | 33. Energy Absorption 9977 , 100 |
| collision conditions. | 949 Nearest 100 joules 2003 |
| (5) All vehicles within scope (CDC applicable) | 999 Nearest 100 joules 2003 |
| of CRASH program but one of the collision | (NOTE: 0000 mans loss than 50 ioules) |
| conditions is beyond the scope of the CRASH | (NOTE: 0000 means less than 50 joules) |
| program or other acceptable reconstruction | (9997) 999,650 joules or more |
| technique, regardless of adequacy of damage | (9999) Unknown |
| 🔐 😘 data. | * |
| (0) / 111 / 0/1/0/0 01/10 00/1/0/0/1 | 34. Confidence In Reconstruction Program |
| scope of one of the acceptable reconstruction | Results (For Highest Delta V) |
| programs, but there is insufficient data | (0) No reconstruction |
| available. | (1) Collision fits model — results appear |
| | reasonable |
| COMPUTER GENERATED DELTA V | (2) Collision fits model — results appear high |
| The state of the s | (3) Collision fits model — results appear low |
| Secondary Highest | (4) Borderline reconstruction — results appear |
| | reasonable some snasging occurred |
| 30. Total Delta V | reasonable some snasging occurred for second highest AV |
| 200 | |
| 999 Nearest kph 30 KPM | 35. Type of Vehicle Inspection |
| | (0) No inspection |
| (NOTE: 000 means less than | (1) Complete inspection |
| 0.5 kph) | (2) Partial inspection (specify): |
| (160) 159.5 kph and above | |
| (999) Unknown | |
| | |
| 31. Longitudinal Component of + | 36. Is this an AOPS Vehicle? |
| Delta V – 9 9 9 | (0) No |
| Deita V | (1) Yes - researcher determined |
| 999 Nearest kph — 29 KPH | (2) VIN determined air bag system |
| 1 1 Wednest Rpin | (3) VIN determined automatic (passive) belts |
| (NOTE: 000 means greater than | (4) VIN determined air bag and automatic |
| -0.5 kph and less than +0.5 kph) | (passive) belts |
| (±160) ±159.5 kph and above | |
| (999) Unknown | |
| | |
| · | |
| | |
| IS OLDMISS APPLICABLE FOR | THIS VEHICLE? [] YES [/ NO |
| | |
| IF YES: IS A COMPLETED OLDMISS PROGRA | AM SUMMARY INCLUDED? [1 YES [/] NO |

| 37. Police Reported Other Drug Presence (0) No other drugs present | DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER |
|---|---|
| (1) Yes (other drug present) (7) Not reported (8) No driver present (9) Unknown 38. Police Reported Drug Evaluation Classification (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present | DEC Specimen Test Test Results Results Narcotic Drug 40. |
| 39. Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify): (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given | Codes For DEC Test Results (0) No DEC test given (1) Passed DEC test (2) Failed DEC test (3) DEC test given—results unknown (8) No driver present (9) Unknown if DEC test given Codes for Specimen Test Results (0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given |
| | · |

| OTHER DATA | 61. Rollover Initiation Object Contacted <u>0</u> <u>3</u> |
|--|--|
| 56. Driver's Zip Code | 1 |
| (00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown | 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane |
| 57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify): | (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown 63. Direction of Initial Roll (0) No rollover |
| 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown | (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA 64. Pre-Event Movement (Prior to |
| If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): | Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event |
| (9) Unknown rollover initiation type | (97) Other (specify): |
| 60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown | (99) Unknown |

| PRECRASH DATA (Continued) | | | | |
|---|--|--|--|--|
| 65 Critical Precrash Event 6 2 | Pedestrian or Pedalcyclist, or Other Nonmotorist (80) Pedestrian in roadway | | | |
| This Vehicle Loss of Control Due To: | (81) Pedestrian approaching roadway (82) Pedestrian - unknown location | | | |
| (02) Stalled engine (03) Disabling vehicle failure (e.g., wheel fell off) | (83) Pedalcyclist or other nonmotorist in roadway (specify): | | | |
| (specify): (04) Non-disabling vehicle problem (e.g., hood flew | (84) Pedalcyclist or other nonmotorist approaching roadway (specify): | | | |
| up) (specify): (05) Poor road conditions (puddle, pot hole, ice, etc.) | (85) Pedalcyclist or other nonmotorist—unknown location (specify): | | | |
| (specify):(06) Traveling too fast for conditions | Object or Animal | | | |
| (08) Other cause of control loss (specify): | (87) Animal in roadway (88) Animal approaching roadway | | | |
| (09) Unknown cause of control loss | (89) Animal—unknown location (90) Object in roadway | | | |
| This Vehicle Traveling (10) Over the lane line on left side of travel lane | (91) Object approaching roadway (92) Object—unknown location | | | |
| (11) Over the lane line on right side of travel lane (12) Off the edge of the road on the left side | (98) Other critical precrash event (specify): | | | |
| (13) Off the edge of the road on the right side (14) End departure (15) Turning left at intersection | (99) Unknown | | | |
| (16) Turning left at intersection (17) Crossing over (passing through) intersection | For Corrective Actions Attempted see variable GV14 | | | |
| (19) Unknown travel direction | (Attemped Avoidance Manuever) | | | |
| Other Motor Vehicle In Lane (50) Stopped | 66. Precrash Stability After Avoidance Maneuver | | | |
| (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating) | (0) No avoidance maneuver (1) Tracking | | | |
| (52) Traveling in same direction with higher speed (53) Traveling in opposite direction | (2) Skidding longitudinally—rotation less than 30 degrees | | | |
| (54) In crossover (55) Backing | (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation | | | |
| (59) Unknown travel direction of other motor vehicle in lane | (7) Other vehicle loss-of-control (specify): | | | |
| Other Motor Vehicle Encroaching Into Lane (60) From adjacent lane (same direction)—over left | (8) No driver present (9) Precrash stability unknown | | | |
| lane line (61) From adjacent lane (same direction)—over right | | | | |
| lane line (62) From opposite direction—over left lane line | 67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) | | | |
| (63) From opposite direction—over right lane line (64) From parking lane (65) From crossing street, turning into same | (0) No avoidance maneuver (1) Vehicle stayed in travel lane where avoidance | | | |
| direction (66) From crossing street, across path | maneuver was initiated (2) Vehicle stayed on roadway but left travel lane | | | |
| (67) From crossing street, turning into opposite direction | where avoidance maneuver was initiated (3) Vehicle stayed on roadway, not known if left | | | |
| (68) From crossing street, intended path not known (70) From driveway, turning into same direction | travel lane where avoidance maneuver was initiated | | | |
| (71) From driveway, across path (72) From driveway, turning into opposite direction | (4) Vehicle departed roadway (5) Avoidance maneuver initiated off roadway | | | |
| (73) From driveway, intended path not known (74) From entrance to limited access highway | (8) No driver present (9) Directional consequences unknown | | | |
| (78) Encroachment by other vehicle—details | | | | |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

> ** IF GV07 DOES NOT EQUAL 01-49; DO NOT COMPLETE *** THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



'`U.S. Department of Transportation

' National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | TO BE COMPLETED BY THE ZONE CENTER |
|--|---|
| 1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form | 10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct |
| 4. Vehicle Number OR | 11. Reason(s) Program Results Dropped Or Changed |
| 5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection | a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC g. Trajectory data h. Damage data i. Heading angle for Oldmiss |
| (O2) Partial inspection under repair (O3) Partial inspection repair | abcdefghi. |
| (04) Partial inspection — other (specify): | |
| (05) Vehicle cannot be located (06) Vehicle destroyed (07) Vehicle outside of study area (08) Vehicle impounded (09) Vehicle sold | (Blank) Correct or no reconstruction (1) Incorrect |
| (10) Hit and run vehicle (11) Owner could not be located (12) Owner refusal | DATA STATUS OF VARIABLE NUMBERS 3-67 |
| (12) Owner refusal (13) Insurance company refusal (14) Attorney refusal or litigation (15) Repair or tow facility refusal (16) Stolen | 3 4 5 6 7 8 9 10 11 12 13 |
| (17) Wrong name and address on PAR (18) Caseload / staff turnover | 14 15 16 17 18 19 20 21 22 23 24 |
| 7. Knowledge Of Highest Delta V Results | |
| Known — | 25 26 27 28 29 30 31 32 33 34 35 |
| (01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS (completed by Zone Center) | |
| Unknown | 36 37 38 39 40 41 42 43 44 45 46 |
| (O4) Rollover (O5) Other non-horizontal force | |
| (06) Sideswipe type damage / severe override (07) Vehicle out of scope / pedestrian (08) Yielding object | 47 48 49 50 51 52 53 54 55 56 57 |
| (09) Overlapping damage (10) Insufficient data | |
| (11) Other (specify): (12) OLDMISS form - pending review by Zone Center | 58 59 60 61 62 63 64 65 66 67 |
| 8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes - but deemed invalid due to | |
| Snagg ing 9. Data Obtained for This Vehicle's Most Severe | Data Status Codes: |
| Impact (Regardless of Usage) (O) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data | (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded |

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG



U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| 1. Primary Sampling Unit Number | NCSI | 3. Vehicle Number | <u>0</u> 2 |
|---------------------------------|------|-------------------|------------|
| 2 Casa Number - Stratum | 9304 | | |

| 2. Case Number - St | ratum <u>9304</u> | |
|--|---|---|
| | VEHICLE IDENTIFICAT | ION |
| | P 6 4 K Vehicle | Model Year 92 Model (specify): Sundance |
| | LOCATOR | |
| Locate the end of the or an undamaged axle | damage with respect to the vehicle longitudinal for side impacts. | Il center line or bumper corner for end impacts |
| Specific Impact No. | Location of Direct Damage | Location of Field L |
| a | Frontal Plane - From LFBC inboard 13 cm | BC to BC |
| | contact down L side 40 cm rearward of | rear axle |
| 3 | R Side BC to BC | R Side BC to BC |
| | CRUSH PROFILE IN CENTI | METERS |

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

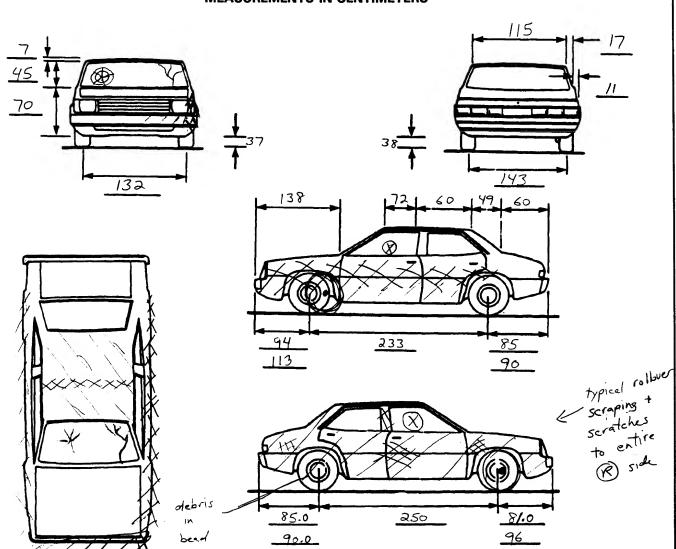
Use as many lines/columns as necessary to describe each damage profile.

| osc as many intesperations as necessary to describe each damage prome. | | | | | | | | | | | |
|--|-----------------------------------|----------------------------|-----------------------|------------|----------------|----------------|-------|----------------|---------|----------------|----|
| Specific Impact Number | Plane of Impact C-Measurements | Direct D Width (CDC) | amage Max Crush | Field L | C ₁ | C ₂ | C₃ | C ₄ | C₅ | C ₈ | ±D |
| a | F. bumper | | C, | /4/.2 | 19.0 | 7.0 | 2.0 | O, | 7.8 | 9.5 | Ø |
| | less fis | | | | 9.5 | 1.8 | 0 | 0 | 1-8 | 9.0 | |
| | Result | | | | 9.5 | 5.2 | 2.0 | 0 | 0 | 0 | |
| | | | | | | | | | | | |
| | Contact down | lest sile | at c, | is | 373 | | | | | | |
| | | | | | | | | | | | |
| 3 | R side | 436 | 15 cm | 436 | | Ftent | Zune. | R R | ollover | | |
| 4 | Top | | 3.5 cm | | | | | | | | |
| | , | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

ORIGINAL SPECIFICATIONS WORK SHEET

| Wheelbase | 97.0 | inches | x 2.54 | = | $\underline{2} \underline{4} \underline{6} $ cm |
|--------------------------|----------|--------|---------|------------|--|
| Overall Length | 171.7 | inches | x 2.54 | = | <u>436</u> cm |
| Maximum Width | _67.3 | inches | x 2.54 | = | |
| Curb Weight | 2,617 | pounds | x .4536 | i = | <u>/,/</u> <u>8</u> 7_ kg |
| Average Track | <u> </u> | inches | x 2.54 | = | <u>/ 4 6</u> cm |
| Front Overhang | | inches | x 2.54 | = | <u>/ o o</u> cm |
| Rear Overhang | | inches | x 2.54 | = | $\underline{}$ $\underline{}$ $\underline{}$ $\underline{}$ cm |
| Undeformed End Width | | inches | x 2.54 | = | cm |
| Engine Size: cyl./displ. | | СС | x .001 | = | L |
| I-4 | | CID | x .0164 | + = | <u>2.2</u> L |

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form **VEHICLE DAMAGE SKETCH** WHEEL STEER ANGLES TIRE-WHEEL DAMAGE **ORIGINAL SPECIFICATIONS** (For locked front wheels or a. Rotation physically b. Tire displaced rear axles only) restricted deflated Wheelbase cm RF ± ___ 0 LF ± <u>+0.5</u> 0 Overall Length cm RF 2 171 LF Maximum Width RR ± _____ LF cm RR Curb Weight kg Within ± 5 degrees 146 Average Track cm (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** 100 Front Overhang cm 96 ☑ FWD □ RWD □ 4WD Rear Overhang cm TYPE OF TRANSMISSION **Undeformed End Width** cm **Approximate** ∠ Automatic kg Engine Size: cyl./displ. I-4 2.2 Cargo Weight ☐ Manual **MEASUREMENTS IN CENTIMETERS**



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

| | CDC WORKSHEET | | | | | | | | |
|---|------------------------|---------------------------------|-------------------------|-------------|-------------|------------------------------|-------------------------|--------------------|-------------|
| | | | С | ODES FOR C | BJECT CON | ITACTED | | | |
| | (01-30) | Vehicle Nur | mber | | | 7) Fense | | | |
| | Noncollis | rion | | | • | 8) Wall 9) Building | | | |
| | | overturn — ro | llover | | | 0) Ditch or (| culvert | | |
| | (32) Fire or explosion | | • | 1) Ground | odivore | | | | |
| | | Jackknife | | | - | 2) Fire hydr | ant | | |
| | (34) | Other intraunit | damage (specif | fy): | | 3) Curb | | | |
| | | | | | | 4) Bridge | | | |
| | | Noncollision in | | | (6) | 8) Other fix | ed object (s | specity): | |
| | (30) | Other noncolli | sion (specity): | | _ (6: | 9) Unknowr | n fixed obje | ct | |
| | (39) | Noncollision – | - details unknov | vn | Collie | sion with No | nfived Ohie | ct | |
| | Collision | With Fixed O | hiect | | | 1) Motor ve | | | |
| | | Tree (≤ 10 cr | | | | 2) Pedestria | | t. d. lopo. t | |
| | | Tree (> 10 cr | | | | 3) Cyclist o | | | |
| | | Shrubbery or I Embankment | bush | | (7 | 4) Other no | nmotorist o | r conveyand | e |
| | (44) | Lindankinent | | | • | 5) Vehicle o | occupant | | <u> </u> |
| | (45) | Breakaway po | le or post (any o | diameter) | | 6) Animal | | | |
| | No-bec | Jennes Dala a | . Dane | | | 7) Train | lia a a manasta. | d in transpor | -4 |
| | | kaway Pole or | rost ≤ 10 cm in dian | neter) | | 8) Trailer, d 8) Other no | | | |
| | | | > 10 cm but ≤ | | (0 | o, Other no | illixed obje | or (specify). | |
| | | diameter) | | | (8 | 9) Unknow | n nonfixed | object | |
| | | | > 30 cm in dian | | | 1 | | | |
| | (53) | Pole or post (d | diameter unknov | vn) | (9 | 8) Other ev | ent (specify | /): | |
| | (54) | Concrete traff | ic barrier | | (9 | 9) Unknow | n event or o | object , | |
| | | Impact attenu | | | رح الار | represent | s damage | to Fronta | 1 + Left |
| | | (specify): | parrier (includes | guardrail) | Place - | - / 500 100 | AUUS IMPA | it with s | snagging |
| | | (Specify) | | | | represent | | P | resent |
| | | | DEFORMA' | TION CLASS | IFICATION E | BY EVENT N | UMBER | | |
| | | | | | | (4) | (5) | | |
| | Accident Event | | (1) (2) Direction | Incremental | (3) | Specific Longitudinal | Specific Vertical or | (6) Type of | (7) |
| | Sequence | Object | of Force | Value of | Deformation | or Lateral | Lateral | Damage | Deformation |
| | Number | Contacted | (degrees) | Shift | Location | Location | Location | Distribution | Extent |
| _ | <u>0 2</u> | <u>03</u> | <u>350</u> | | F | <u>L</u> | A | E | 09 |
| | 03 | 3 / | 000 | 00 | R | D | <u>A</u> _ | $\underline{\phi}$ | 02 |
| | 04 | 45 | 000 | 0 0 | T | D P | D | \mathcal{N} | 02 |
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| | | JOLLIOION | DEFORMA | TION OLAO | OII IOATTO | | |
|--------------------------------|---|----------------------------------|--|---|---|--|------------------------------|
| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
| 4. <u>0</u> <u>2</u> | 5. 0 3 | 6. / 2 | 7. <u>F</u> | 8. <u>L</u> | 9. <u>A</u> | 10. <u>E</u> | 11.09 |
| Second H | ighest Delta "V | n | | | | | |
| 12. 0 3 | 13. 3 [| 14. 0 0 | 15. <u>R</u> | 16. <u>D</u> | 17. <u>A</u> | 18. <u>Ø</u> | 19. 02 |
| | | CRUS | SH PROFILE | IN CENTIM | ETERS | | |
| | | | mage described below. (ALL N | | | | ed |
| HIGHEST | DELTA "V" | | | | | | |
| 20. | 21. | | | | C ₆ | Св | 22. ±D |
| 141 | | 5 | 2 | | | | <u>-</u> O |
| Second H | lighest Delta "V | / n | | | | | |
| 23. | 24. | | | | С _б | C _e | 25. |
| | | | | | | | + |
| but Not | Cs Documented Coded on The ated File? | 1 | Researcher's As of Vehicle Dispo (0) Not towed d vehicle dama (1) Towed due t vehicle dama (9) Unknown | sition lue to age co age | (999) | al Wheelbase _Code to the nearest centime Jnknown | |
| | | | | 7_1 | inches X 2. | b4 = <u>∽ / </u> | centimeters |

| P | aq | 18 | Ę |
|---|----|----|---|
| | | | |

| National Accident Samplin | ng System-Crashworthiness | Data System: Exterior Vehi | cle Form |
|---------------------------|---------------------------|----------------------------|----------|
|---------------------------|---------------------------|----------------------------|----------|

| | onal Accident Sampling System-Crashworthine | | | |
|-----|--|----------|--|----------|
| | Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION | <u>O</u> | 31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment | <u>0</u> |
| | PLACARD in case report) (9) Unknown if vehicle is modified | | (5) Cargo/trunk compartment(6) Instrument panel(7) Passenger compartment area(8) Other location (specify): | |
| 0. | Fire Occurrence (0) No fire | 0 | (9) Unknown | , |
| | Yes, fire occurred (1) Minor (2) Major (9) Unknown | | 32. Type of Fuel Tank (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown | 1 |
| · * | | | VAS NOT TOWED AND WAS NOT AN AOP OT COMPLETE THE INTERIOR VEHICLE FOR | |
| * * | | | | |
| * * | | | | |
| # # | | | | |
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| * * | | | | |
| ** | | | | |



U.S. Department of Transportation

National Highway Traffic Safety

EXTERIOR VEHICLE LOG

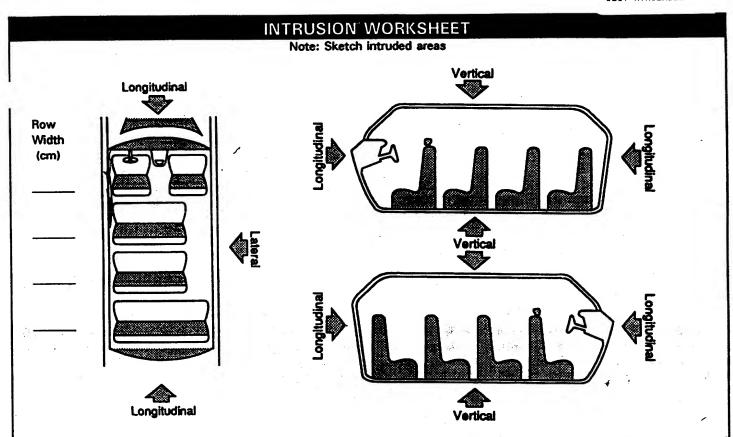
NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | |
|--|--|
| 1. PSU Number 2. Case Number – Stratum 2. Research of Condition 5 | 13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2) |
| 3. Researcher Completing Form 4. Vehicle Number 5. Date Vehicle Inspected | DATA STATUS OF VARIABLE NUMBERS 4-32 Highest CDC |
| TO BE COMPLETED BY ZONE CENTER | 4 5 6 7 8 9 10 11 |
| 6. Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | Secondary CDC |
| 7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | 12 13 14 15 16 17 18 19 Highest Crush Profile |
| 8. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard | 20 21 22 |
| 9. Number of Exterior Vehicle Slides | Secondary Crush Profile 23 24 25 |
| 10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard | |
| 11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard | 26 27 28 29 30 31 32 |
| 12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify): | Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded |
| | |



U.S. Department of Transportation

| ational Highway Traffic Safety dministration | INTERIOR VE | HICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM |
|---|--|--|
| MI I I I I I I I I I I I I I I I I I I | | GLAZING |
| 1. Primary Sampling Unit Number | NC SI | Glazing Damage from Impact Forces |
| 2. Case Number - Stratum | 9304 | 15. WS 2 16. LF 6 17. RF 6 18. LR 9 19. RR 9 |
| 3. Vehicle Number | 02 | 20. BL 21. Roof 8 22. Other 8 |
| INTEGRITY | | |
| 4. Passenger Compartment Integrity (00) No integrity loss | 06 | (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces |
| Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) | | (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged |
| (04) Roof (05) Roof glass | H | (3) Onknown ii damaged |
| (06) Side window | المراجعة من سادة من الروايد الأراد من الراجع الراد الأراد الروايد الأراد الذال الأراد الأراد الأراد الأراد الأراد الأراد الأراد الذال الأراد الأراد الأراد الأراد الذال الأراد الذال الأراد الذال الأراد الذال الأراد الذال الأراد الذال الأراد الذال | Glazing Damage from Occupant Contact |
| (07) Rear window (backlight) | STATE OF STA | |
| (09) Windshield and door (side) | | 23. WS 2 24. LF 2 25. RF 2 26. LR 2 27. RR |
| (10) Windshield and roof (11) Side and rear window (side window | and backlight) | 28. BL <u>○</u> 29. Roof <u>○</u> 30. Other <u>○</u> + |
| (12) Windshield and side window(13) Door and side window(98) Other combination of above (specify) |):): | (0) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact |
| (99) Unknown | a strain to | (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by |
| Door, Tailgate or Hatch Opening | | occupant contact (6) Glazing disintegrated by occupant contact |
| 5. LF 3 6. RF / 7. LR 0 8. RR | <u> </u> | (9) Unknown if contacted by occupant |
| (0) No door/gate/hatch (1) Door/gate/hatch remained closed and | | If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø |
| (2) Door/gate/hatch came open during co | ollision | Town of Mindow Mindohiold Clearing |
| (3) Door/gate/hatch jammed shut (8) Other (specify): | | Type of Window/Windshield Glazing |
| (9) Unknown | | 31. WS $\frac{1}{2}$ 32. LF $\frac{2}{2}$ 33. RF $\frac{2}{2}$ 34. LR $\frac{2}{2}$ 35. RR $\frac{2}{2}$ |
| (a) Chichewh | | 36. BL_ ○ 37. Roof ○ 38. Other ○ |
| Damage/Failure Associated with Door Opening in Collision. If IV05-IV09 ≠ 10. LF 11. RF 12. LR 13. F | 2, Then code Ø | (0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic (8) Other (specify): |
| (0) No door/gate/hatch or door not open | 19 0 | (9) Unknown |
| Door, Tailgate or Hatch Came Open Durit (1) Door operational (no damage) (2) Latch/striker failure due to damage | ng Collision | Window Precrash Glazing Status |
| (3) Hinge failure due to damage | | 39. WS / 40. LF 2 41. RF 2 42. LR 43. RR |
| (4) Door structure failure due to damage (5) Door support (i.e., pillar, sill, roof sid | | 44. BL 0 45. Roof 0 46. Other 0 |
| etc.) failure due to damage | | |
| (8) Catch/striker and hinge failure due to (8) Other failure (specify): | o damage | (0) No glazing contact and no damage, or no glazing (1) Fixed (2) Closed |
| (9) Unknown | | (3) Partially opened (4) Fully opened (9) Unknown |



| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISON VALUE | Meas: | INTRUDED VALUE | | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|-----------------------|---------------------|-------|---|------------|-------------|--------------------------------|
| 11 | 10 | 62.5 | _ | 60.0 | = | 2.5 | lat. |
| 21 | 07 | 67.5 | _ | 53. <i>5</i> | = | 14.0 | lat |
| 21 | 10 | 67.0 | _ | 56.0 | = | //.0 | lat |
| | | | _ | | = | | |
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OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

| | Location of Intrusion | | Magnitude of Intrusion | Dominant Crush Direction |
|----------|--------------------------|----------------|---------------------------|--------------------------------|
| 1st | 47. <u>21</u> | 48. 0 7 | 49. <u>2</u> | 50. 3 |
| 2nd | 51. <u>2</u> | 52. <u>/</u> 🔾 | . 53. 2 | 54. <u>3</u> |
| 3rd | 55 | 56 | 57 | 58 |
| 4th | 59 | 60 | 61 | 62 |
| 5th | 63 | 64 | 65 | 66 |
| 6th | 67 | 68 | 69 | 70 |
| l 7th | 71 | 72 | 73 | 74 |
| 8th | 75 | 76 | _ 77 | 78 |
| 9th | 79 | 80 | _ 81 | 82 |
| 10th | 83 | 84 | _ 85 | 86 |

LOCATION OF INTRUSION

(31) Left

(32) Middle

(33) Right

| Front Seat | Fourth Seat |
|---------------------------|------------------------------------|
| (11) Left | (41) Left |
| (12) Middle | (42) Middle |
| (13) Right | (43) Right |
| Second Seat | (97) Catastrophic |
| (21) Left | (98) Other enclosed area (specify) |
| (22) Middle (23) Right | |
| | (99) Unknown |

Third Seat

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
 - (20) Second seat back
 - (21) Third seat back
 - (22) Fourth seat back (23) Fifth seat back
 - (24) Seat cushion
 - (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):
 - (27) Side panel forward of the A (A2)-pillar
 - (28) Side panel rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) \geq 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- $(3) \ge 15$ centimeters but < 30 centimeters
- $(4) \ge 30$ centimeters but < 46 centimeters
- $(5) \ge 46$ centimeters but < 61 centimeters
- (6) \geq 61 centimeters
- (7) Catastrophic
- (9) Unknown

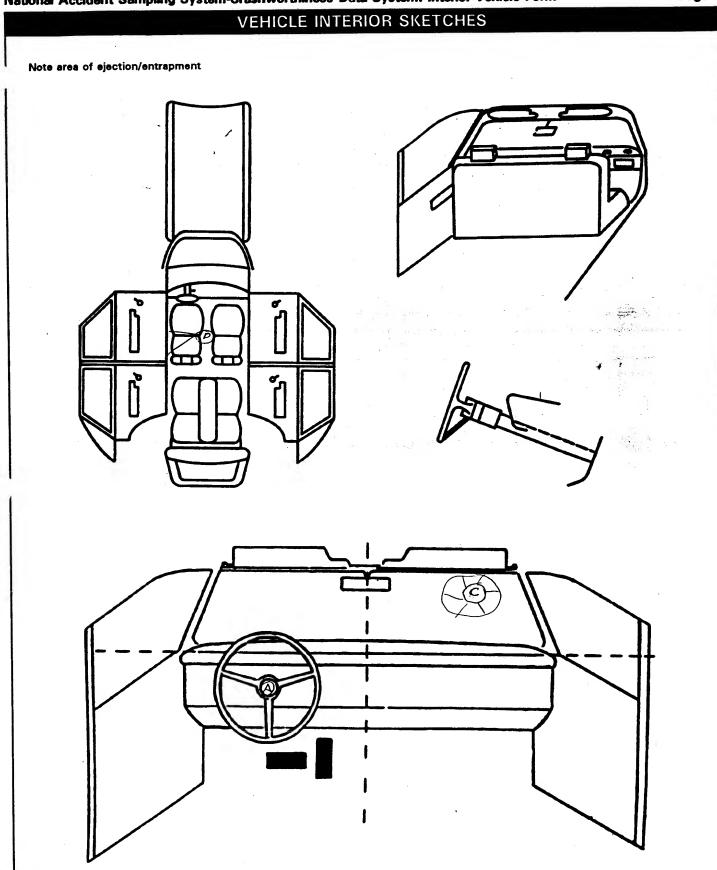
DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

| | STEERING | RIM/SPOKE DEFC | RMATION | | | | |
|---------------------------------------|----------|--|---|--------|--|--|--|
| (All Measurements Are in Centimeters) | | | | | | | |
| COMPARISON VALU | E – | DAMAGE VALUE | = DEFORMA | TION | | | |
| | | | = | | | | |
| • | . / _ | | = | | | | |
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| | _ | | = | * | | | |
| / | No Dam | ase. | | | | | |
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Page 3

| STEERING COLUMN | 93. Location of Steering Rim/Spoke O |
|---|---|
| 87. Steering Column Type (1) Fixed column (2) Tilt column | Deformation (00) No steering rim deformation Quarter Sections |
| (3) Telescoping column(4) Tilt and telescoping column(8) Other column type (specify): | (01) Section A (02) Section B (03) Section C (04) Section D |
| (9) Unknown | Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke |
| 88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown |
| en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya del companya de la companya del companya de la c | INSTRUMENT PANEL |
| 89. Blank <u>X X X</u> | 94. Odometer Reading |
| (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown |
| 90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | |
| 91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | 95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown |
| 92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation | 96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown |
| (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown | 97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown |
| | |



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

| Contact | Interior Component Contacted | Occupant No. If Known | Re | ody gion If own | Supporting Phy | ysical Ev | vidence | Confidence Level of Contact Point |
|---|--|---|---|--|---|---|--|---|
| A 45 Face lipstick marks | | 1 potick maks (a) | seperate | contacts) | 1 | | | |
| В | 45 . | 1 . | Fác | | 1 center of beg - 1 | lower/ | center | 1 |
| С | 01 | 1 | | | spider web fx | m w | 15 | 3 |
| D | 41 | , | | | peening on tab - | some : | tretching | •1 |
| E | | 20 | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| Н | 120 | | | | | | | |
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| J | | 71,61 | | | | | 2.5 | |
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| M | | | | | | | 4 1 | |
| · N | | | | - E | | | Sec. | |
| (05) Ste (06) Ste of ((07) Ste | ering wheel rim ering wheel hub/spo ering wheel (combin codes 04 and 05) ering column, transi ector lever, other att | ation mission | | one or mo frame, wi B-pillar, o | window glass including ore of the following: indow sill, A (A1/A2)-pillar, or roof side rail. t side object (specify): | ROOF | Other interior object | t (specify): |
| (08) Add | d on equipment (e.g. k, air conditioner) | | (28) | Left side | window sill | (51) (52) | Rear header Roof left side rail | |
| (09) Lef | t instrument panel a | nd below | RIGHT S | | | (53) | Roof right side rail | |
| (10) Cer | nter instrument pand ht instrument panel | and below and below | (30) | | . ! | /EAL | _ | ton |
| (12) Glo | ve compartment do | | | - | e interior surface, I hardware or armrests | (54) | Roof or convertible | top |
| | | | | |) hardware or armrests e hardware or armrest | FLOOR | Roof or convertible | |
| (14) Wii | se bolster ndshield including o | or · | (31) (32) (33) | | p hardware or armrests e hardware or armrest A1/A2)-pillar | FLOOR (56) | Roof or convertible Floor (including toe Floor or console me | pan) ounted |
| of 1 | ee bolster ndshield including or the following: front | or ne or more header, | (32) | Right A (Right B-p | p hardware or armrests e hardware or armrest A1/A2)-pillar | FLOOR (56) | Roof or convertible Floor (including toe Floor or console m transmission lever, | pan) ounted |
| of t | ee bolster ndshield including o | or ne or more header, ment panel, | (32) (33) (34) (35) | Right A (Right B-p Other rig | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): | FLOOR (56) (57) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand | pan) ounted including |
| of 1 A (mir sid | be bolster Indehield including of Indehield including of Indehield including of Indehield including of Indehield including includin | or ne or more header, ment panel, mbly (driver | (32) (33) (34) (35) | Right A (Right B-p Other rig Right sid Right sid | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including | FLOOR (56) (57) | Roof or convertible Floor (including toe Floor or console m transmission lever, console | pan) ounted including |
| of t A (mir sid (15) Wir of t | ne bolster Indehield including of the following: front A1/A2)-piller, instructor, or steering asset only) Indehield including of the following: front | or more header, ment panel, mbly (driver ne or more header, | (32) (33) (34) (35) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including ore of the following: indow sill, A (A1/A2)-pillar, | FLOOR (56) (57) (58) (59) | Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include | pan) ounted including |
| of 1 A (mir sid (15) Wir of 1 A (| ne bolster Indehield including of the following: front A1/A2)-piller, instru For, or steering asset o only) Indehield including of | ne or more header, ment panel, mbly (driver ne or more header, ment panel, or | (32) (33) (34) (35) (36) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w B piller, o | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including ore of the following: | FLOOR (56) (57) (58) (59) REAR (60) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win | pan) counted including lle ding parking |
| of 1 A (mir sid (15) Wir of 1 A (mir (16) Dri | ndehield including or the following: front A1/A2)-pillar, instru- tror, or steering asset e only) ndehield including of the following: front A1/A2)-pillar, instru- tror (passenger side ever side eir bag com | ne or more header, ment panel, mbly (driver ne or more header, ment panel, or | (32) (33) (34) (35) (36) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w B pillar, c Other rig | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including hore of the following: indow sill, A (A1/A2)-pillar, or roof side rail. ht side object (specify): | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win | pan) ounted including lle ding parking dow) ack, door, etc. |
| of 1 A (mir sid (15) Wir of A (mir (16) Dri cov (17) Pag | ndehield including or the following: front A1/A2)-pillar, instru- tror, or steering asse- e only) ndshield including or the following: front A1/A2)-pillar, instru- tror (passenger side ever side air bag com- ver | ne or more header, ment panel, imbly (driver ne or more header, ment panel, or only) | (32) (33) (34) (35) (36) (37) | Right A (Right B-p Other rig Right sid one or m frame, w B pillar, o Other rig Right sid | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including hore of the following: rindow sill, A (A1/A2)-pillar, or roof side rail. | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win Backlight storage of | pan) ounted including lle ding parking dow) ack, door, etc. |
| of 1 A (mir sid (15) Wir of A (mir (16) Dri cov (17) Pac | ndehield including or the following: front A1/A2)-pillar, instru- tror, or steering asse- e only) indshield including or the following: front A1/A2)-pillar, instru- tror (passenger side ever side eir bag com- ver seenger side air bag impartment cover | ne or more header, ment panel, ambly (driver ne or more header, ment panel, or only) partment | (32) (33) (34) (35) (36) (37) (38) | Right A (Right B-p Other rig Right sid one or m frame, w B piller, c Other rig Right sid | hardware or armrests hardware or armrest A1/A2)-pillar illar ht pillar (specify): window glass or frame window glass including hore of the following: indow sill, A (A1/A2)-pillar, or roof side rail. ht side object (specify): | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win Backlight storage of | pan) ounted including lle ding parking dow) ack, door, etc. |
| of 1 A (mir sid (15) Wir of A (mir (16) Dri cov (17) Pac cor (18) Wi | ndshield including of the following: front A1/A2)-piller, instru- tror, or steering asse- e only) ndshield including of the following: front A1/A2)-piller, instru- tror (passenger side- ver side air bag com- ver seenger side air bag mpartment cover ndshield reinforced i ject (specify): | ne or more header, ment panel, mbly (driver ne or more header, ment panel, or only) partment | (32) (33) (34) (35) (36) (37) (38) INTERIO (40) (41) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w B pillar, c Other rig Right sid OR Seat, ba Belt rest | s hardware or armrests of hardware or armrest A1/A2)-pillar sillar (specify): e window glass or frame of window glass including fore of the following: sindow sill, A (A1/A2)-pillar, for roof side rail. (ht side object (specify): e window sill ck support raint webbing/buckle | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win Backlight storage of Other rear object (including the controls) | pan) ounted including lle ding parking dow) ack, door, etc. specify): |
| of 1 A (mir sid (15) Wir of A (mir (16) Dri cov (17) Pac cor (18) Wi | ndehield including or the following: front A1/A2)-pillar, instru- tror, or steering asse- e only) andshield including or the following: front A1/A2)-pillar, instru- tror (passenger side ver side air bag com- ver seenger side air bag ampartment cover andshield reinforced in | ne or more header, ment panel, mbly (driver ne or more header, ment panel, or only) partment | (32) (33) (34) (35) (36) (37) (38) INTERIO (40) (41) (42) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w B pillar, c Other rig Right sid OR Seat, ba Belt rest Belt rest attachme | s hardware or armrests of hardware or armrest A1/A2)-pillar sillar (specify): e window glass or frame of window glass including fore of the following: sindow sill, A (A1/A2)-pillar, for roof side rail. (a) the side object (specify): e window sill ck support raint webbing/buckle raint B-pillar ent point | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win Backlight storage of | o pan) ounted including lie ding parking dow) ack, door, etc. specify): |
| of 1 A (mir sid (15) Wir of A (mir (16) Dri cov (17) Pac cor (18) Wi | ndshield including of the following: front A1/A2)-piller, instru- tror, or steering asse- e only) ndshield including of the following: front A1/A2)-piller, instru- tror (passenger side- ver side air bag com- ver seenger side air bag mpartment cover ndshield reinforced i ject (specify): | ne or more header, ment panel, mbly (driver ne or more header, ment panel, or only) partment | (32) (33) (34) (35) (36) (37) (38) INTERIO (40) (41) (42) | Right A (Right B-p Other rig Right sid Right sid one or m frame, w B pillar, c Other rig Right sid OR Seat, ba Belt rest Belt rest attachme | s hardware or armrests of hardware or armrest A1/A2)-pillar sillar (specify): e window glass or frame of window glass including fore of the following: sindow sill, A (A1/A2)-pillar, for roof side rail. (a) the side object (specify): e window sill ck support raint webbing/buckle raint B-pillar ent point system component | FLOOR (56) (57) (58) (59) REAR (60) (61) | Roof or convertible Floor (including toe Floor or console m transmission lever, console Parking brake hand Foot controls include brake Backlight (rear win Backlight storage r Other rear object (convertible) | o pan) ounted including lile ding parking dow) ack, door, etc specify): |

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | Assessment Form. | AIR BAGS | |
|---|--|--|---|
| | | Left | Right |
| F | Availability/Function / | | 0 |
| I R | Deployment | 1 | 0 |
| S | Failure ~ | / | 0 |
| (0) (1) <i>Non</i> (2) | System Availability/Function Not equipped/not available Air bag functional Air bag disconnected (specify): Air bag not reinstalled Unknown | Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown | O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| | | AUTOMATIC BELTS | |
| 1.1 | 20 | Left | Right |
| 2 4 | Availability/Function | 0 | 0 |
| F | Use | 0 | 0 |
| R | Туре | 0 | 0 |
| S T | Proper Use | 0 | 0 |
| · | Failure Modes | 6 | 0 |
| Availal (0) (1) (2) (3) (4) (9) Autom (0) (1) (2) (3) (9) Autom (0) | atic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown -functional Automatic belts destroyed or rendered inoperative Unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown atic (Passive) Belt System Type Not equipped/not available Non-motorized system Motorized system | Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): | Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing no included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify) (9) Unknown |

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

| | page. | Left | Center | Right |
|---------------|---------------|------|--------|-------|
| F | Availability | 4 | 0 | 4 |
| R | Use | 04 | 00 | 00 |
| S | Failure Modes | / | O | 6 |
| Ş | Availability | 4 | 3 | 4 |
| WHCOZC | Use | 00 | . 00 | 00 |
| N D | Failure Modes | Ò | 0 | Ø |
| T | Availability | | | |
| H | Use | | | 4 |
| R D | Failure Modes | | | |
| Q | Availability | | | |
| H | Use | | | |
| E R | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | _ | · · · · · | | 1 | | |
|----|---|-----------------|-------|---------|---|---------------------------------------|-----------------------------------|----------------|--|
| 00 | ccupant Number | 164 | | | | | | | |
| 1. | Type of Child Safety Seat | 1 | | | | | | | |
| 2. | Child Safety Seat Orientation | | | | | | | | |
| 3. | Child Safety Seat Harness Usage | | | | ε | | . = | | |
| 4. | Child Safety Seat Shield Uasge | | | | | | | | |
| 5. | Child Safety Seat Tether Usage | | | | | | | | |
| 6. | Child Safety Seat Make/Model | | Spec | cify Be | low for I | Each Child Saf | ety Seat | | |
| 1. | . Type of Child Safety Seat | $\langle N A$ | | 3, | Child Sa | fety Seat Har | ness Usage | | |
| | (0) No child safety seat (1) Infant seat | |) . , | 4. | Child Sa | fety Seat Shi | eld Usage | · | |
| | (2) Toddler seat (3) Convertible seat | | | 5. | | fety Seat Tet | | /oriobles 2-5 | |
| | (4) Booster seat | | | | Note: Options Below Are Used for Variables 3- | | | | |
| | (7) Other type child safety | seat (specify) |): | | (00) NO | child safety | seat | | |
| | (8) Unknown child safety (9) Unknown if child safety | | | • | (01) Af | | rness/Shield/T rness/shield/te | | |
| 2 | . Child Safety Seat Orientati | on . | | | (02) Af | ter market ha | rness/shield/te | ther used | |
| | (00) No child safety seat | | | | | niid satety sea rness/shield/to | t used, but no ether added | arter market | |
| | Designed for Rear Facing for This Age/Weight (01) Rear facing | or | | | , , | nknown if harr Ided or used | ness/shield/tetl | ner | |
| | (02) Forward facing | | | | | | ss/Shield/Tethe | | |
| | (08) Other orientation (spe | ecify): | | | | arness/shield/t arness/shield/t | ether not used ether used | | |
| | (09) Unknown orientation | | | | (19) Ur | nknown if harr | ness/shield/tetl | her used | |
| | Designed for Forward Facil | ng for This | | | Unknow | vn If Designed | With Harness ether not used | /Shield/Tether | |
| | Age/Weight (11) Rear facing | | | | | arness/shield/t arness/shield/t | | | |
| | (12) Forward facing | | | | | | ness/shield/tet | her used | |
| | (18) Other orientation (sp | ecify): | | | (99) Ui | nknown if chil | d safety seat u | used | |
| | (19) Unknown orientation | | | 6 | Child S | afety Seat Ma | ke/Model | | |
| | Unknown Design or Orient Age/Weight, or Unknown | | ; | 0. | (Specify | make/model | and occupant | number) | |
| | (21) Rear facing (22) Forward facing | | | | | | | | |
| | (22) Forward facing (28) Other orientation (sp | ecify): | | | | | 1.2 | | |
| | (29) Unknown orientation | | | | | | | | |
| | (99) Unknown if child saf | ety seat used | | | | · · · · · · · · · · · · · · · · · · · | | • | |
| ı | | | | | | | | | |

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | - | Center | Right |
|--------------|----------------------------|--------|----|--------|-------|
| E | Head Restraint Type/Damage | 3 | | | 3 |
| <u></u> | Seat Type | 02 | | | 02 |
| R S | Seat Performance | 1 - | | | 0 |
| T | Seat Orientation | 1 | | | . 6 |
| SECOR | Head Restraint Type/Damage | 0 | | 0 | 0 |
| | Seat Type | 05 | | 05 | 05 |
| | Seat Performance | 0 | | 0 | 0 |
| D. | Seat Orientation | | - | 0 | 0. |
| T | Head Restraint Type/Damage | 7, 7,1 | - | | |
| Ḥ | Seat Type | | | | |
| R | Seat Performance | | | | |
| D | Seat Orientation | 5. | e. | | |
| 0 | Head Restraint Type/Damage | | | | G I |
| Ť | Seat Type | | 0 | | |
| H | Seat Performance | | | | |
| R | Seat Orientation | | | | |

| Head | Restraint | Type/Damage | by | Occupant | at | This |
|-------|------------|-------------|----|----------|----|------|
| Occup | pant Posit | ion | | | | |

- (0) No head restraints
- (1) integral - no damage
- Integral damaged during accident (2)
- (3) Adjustable no damage
- (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- Bucket with folding back $\{02\}$
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

| ECTION No [] Yes [scribe indications of ejection and | | volved in pa | artial ejection(| s): | 3 | | |
|--|---|--------------|--|-------------|------------------|-----|--|
| Occupant Number | | | | | | | |
| Ejection | | | | | 3 | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | - | . * | | | * | |
| Ejection Medium | | - | | - | | * | |
| Medium Status | | | | | | | |
| ection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown ection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear | (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): | | (8) Ot (9) Ur Medium to Impa (1) Op (2) Ci (3) Int | status (Imo | n (specify): | Pri | |
| NTRAPMENT No [] Ye escribe entrapment mechanism: | | | | | | | |
| | | | | | | | |



National Highway Traffic Safety Administration

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | DATA STATUS OF VARIABLE NUMBERS 4-97 | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 1. PSU Number NCSI | Integrity | | | | | | | |
| 2. Case Number—Stratum / 9304 | 4 5 6 7 8 9 10 11 12 13 14 | | | | | | | |
| 3. Researcher Completing Form | | | | | | | | |
| 4. Vehicle Number | Glazing | | | | | | | |
| | 15 16 17 18 19 20 21 22 23 24 25 | | | | | | | |
| TO BE COMPLETED BY ZONE CENTER | | | | | | | | |
| 5. Documentation Of Integrity | 26 27 28 29 30 31 32 33 34 35 36 | | | | | | | |
| | | | | | | | | |
| 6. Documentation Of Glazing | | | | | | | | |
| 7. Documentation of Intrusions | 37 38 39 40 41 42 43 44 45 46 | | | | | | | |
| | | | | | | | | |
| 8. Documentation of Steering Column/Wheel | Intrusion | | | | | | | |
| 9. Documentation of Occupant Contacts | 47 48 49 50 51 52 53 54 55 56 57 | | | | | | | |
| | | | | | | | | |
| 10. Documentation of Restraint Systems | 58 59 60 61 62 63 64 65 66 67 68 | | | | | | | |
| 11. Documentation of Seats | | | | | | | | |
| * | | | | | | | | |
| 12. Number of Interior Vehicle Slides | 69 70 71 72 73 74 75 76 77 78 79 | | | | | | | |
| 13. Interior Slides Subject Quality | | | | | | | | |
| | 80 81 82 83 84 85 86 | | | | | | | |
| 14. Interior Slides Quality | | | | | | | | |
| Codes For Log Variables 5-11 and 13-14 | | | | | | | | |
| (0) Not applicable (1) Substandard - beyond researcher control | Steering Column/Wheel and Instrument Panel 87 88 89 90 91 92 93 94 95 96 97 | | | | | | | |
| (2) Substandard (3) Standard | | | | | | | | |
| ,5, | | | | | | | | |
| 15. Number of Coded Intrusions | Data Status Codes: | | | | | | | |
| | (Blank) Correct | | | | | | | |
| | (1) Derived error (2) Non-correctable error | | | | | | | |
| · | (3) Correctable error (4) Change—no error | | | | | | | |
| , | (5) Sequencing error (7) Incorrect edit override (8) MDE error | | | | | | | |
| | (9) Unknown coded | | | | | | | |



OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

National Highway Traffic Safety CRASHWORTHINESS DATA SYSTEM **Administration** OCCUPANT'S SEATING NCSI 1. Primary Sampling Unit Number 10. Occupant's Seat Position 9304 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify):_ (15) On or in the lap of another occupant OCCUPANT'S CHARACTERISTICS Second Seat 26 5. Occupant's Age (21) Left side Code actual age at time of accident. (22) Middle (00) Less than one year old (specify by month): (23) Right side (24) Other (specify): (97) 97 years and older (25) On or in the lap of another occupant (99) Unknown Third Seat (31) Left side (32) Middle 6. Occupant's Sex (33) Right side (1) Male (34) Other (specify):__ (2) Female (35) On or in the lap of another occupant (9) Unknown Fourth Seat (41) Left side (42) Middle 7. Occupant's Height (43) Right side Code actual height to the nearest (44) Other (specify):_ centimeter. (45) On or in the lap of another occupant (999) Unknown 68 inches X 2.54 = 172.7 centimeters (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown 8. Occupant's Weight Code actual weight to the nearest 0 11. Occupant's Posture kilogram. (0) Normal posture (999)Unknown Abnormal posture 138 pounds X .4536 = 61.2 kilograms (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat(4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (2) Passenger (7) Bracing with feet or hands on a surface in front (9) Unknown of seat (8) Other abnormal posture (specify): (9) Unknown

| EJECT | TION/E | NTRAPMENT |
|---|-------------|--|
| 12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | 0 | 15. Medium Status (Immediately Prior To Impact) On No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown |
| 13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | 0 | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown |
| 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): | <u>O</u> | |
| (5) Integral structure (8) Other medium (specify): (9) Unknown | | |
| | · · · · · · | , |
| | | |

| TEM EVALUATION |
|---|
| 21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled |
| (9) Unknown 22. Air Bag System Deployment |
| (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined |
| (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown |
| 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts |
| 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): |
| (8) Restrained, type unknown (9) Police indicated "unknown" |
| |
| |

| HEAD RESTRAINT AND | |
|--|---|
| ?5. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): |
| 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket | (8) Other (specify): (9) Unknown |
| (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): | |
| (10) Box mounted seat (i.e., van type) (99) Unknown | |
| | |
| | |
| | |
| | |

| CHILD SA | AFETY SEAT |
|--|---|
| 28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS | 31. Child Safety Seat Harness Usage |
| Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): | 32. Child Safety Seat Shield Usage |
| | 33. Child Safety Seat Tether Usage |
| (998) Unknown make/model (999) Unknown if child safety seat used | Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat |
| 29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used | Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used |
| 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used | Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used |

| INJURY CONSEQUENCES | 38. Working Days Lost |
|--|--|
| 34. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown | Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown |
| 35. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): | VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER 39. Time to Death Code number of hours from time of |
| Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): | accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown |
| 36. Type Of Medical Facility (for Initial Treatment) | 40. 1st Medically Reported Cause of Death O |
| (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown | 41. 2nd Medically Reported Cause of Death 42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (97) Other result (includes fatal ruled disease) (specify): |
| 37. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown | (99) Unknown 43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured |
| | |

| | AUTOMATIC BELT SYSTEM | 48. Automatic (Passive) Belt Failure Modes |
|-----------|--|---|
| | Automatic (Passive) Belt System Availability/ OFFUNCTION (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown | During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| | Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown | (6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify): |
| _ | A council (Bushim) Bala Suntan Haa | (9) Unknown |
| 5. | Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): |
| | (3) Olikilowii | (9) Unknown |
| 6. | Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown | STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER |
| | | TRAUMA DATA |
| 7. | Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm | 50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown |
| | (4) Automatic shoulder belt worn behind back(5) Automatic belt worn around more than | (99) Unknown if injured |
| | one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given |
| | (8) Other improper use of automatic belt system (specify): | 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |

UPDATE CANDIDATE? NO [/] YES []



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| NOIFE TRIMINED. | |
|--|---|
| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured? |
| 1. PSU Number <u>Nc SI</u> | (1) Yes (9) Unknown |
| 2. Case Number—Stratum 9304 | |
| 3. Researcher Completing Form | 15. Status of Medical Release (0) Occupant not injured |
| 4. Vehicle Number | (1) Medical release not required at medical facility |
| 5. Occupant Number | <i>Medical Release Required</i> (2) Required not obtained |
| 6. Interviewer Number | (3) Required — obtained |
| 7. Date Interview Completed 8. Date Official Medical Data Requested | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization |
| 9. Date Official Medical Data Obtained Informed no record of Treatment | (O4) Hospitalization (O5) Emergency room treatment only (O6) Treatment at physician's office (O7) Treatment at scene or self treatment (O8) Outpatient surgery (O9) Treatment at medical facility—unknown level of treatment |
| 10. Occupant's Role (1) Driver (2) Passenger (3) Unknown | (99) Unknown |
| | 17. Injury Information Form Record |
| 11. Interviewee For This Occupant | Official Received Status |
| (O) No interview | a. Autopsy (invasive examination) |
| (1) Same person | b. Post-ER medical record which |
| Surrogate | based on non-invasive examination |
| (2) Other occupant | c. Admission record/summary of |
| (3) Relative or friend (4) Multiple interviewees from above categories | admission/discharge face sheet |
| (4) Multiple interviewees from above categories (specify): | d. Discharge summary |
| | f. Radiographic record(s) post ER visit |
| 12 Manner Of Intension | g. History and physical examination |
| 12. Manner Of Interview (0) No attempt | and/or consultation records h. Emergency room records |
| (1) Telephone | i. Radiographic record(s) associated |
| (2) In-person | with ER visit |
| (3) Questionnaire (9) Unknown (for Zone Center use only) | j. Private physician |
| (c) Cindiani, fier mana cantai and anny | Unofficial |
| 13. Result Of Last Interview Attempt 13 | k. Lay coroner I. EMS record |
| | m. Interviewee |
| (01) Unable to contact or locate (02) Hit and run | n. Other source (specify):B |
| (03) Fatal—surrogate not available | o. Police report <u>B</u> |
| (O4) In intensive care—surrogate not available | (See reverse side of this page for codes for variable 13) |
| (05) Out-of-state resident (06) Refused interview | , |
| (07) Insurance company refusal | / |
| (08) Attorney refusal or litigation | 18. Medical Facility Code |
| (09) No return of questionnaire | 10. Wedical Facility Code |
| (10) Other (specify):(11) Return of completed questionnaire | |
| (12) Partial interview | |
| (13) Complete interview | |
| | |
| · · | |
| , | |

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Log

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (01) No record of treatment at medical facility
- (O2) Medical release required—not obtained
- (O3) Injury not related to accident
- (04) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

18. Documentation of Occupant Interview

(Excludes Injury Data)

- (O) Not applicable
- (1) Substandard
- (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| | 4 | 5 | 6, | 7, | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|----|----|----|----|----|----|----|----|----|----|-----|
| | | | * | | | | | | | | |
| _ | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | * | | | | | |
| _ | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | | . 1 |
| _ | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | | |
| _ | 48 | 49 | 50 | 51 | 52 | _ | 0 | | | - | |
| ſ | | | | 0 | | 7 | | | | | |

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded

0

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

02

2. Case Number - Stratum

9304

4. Occupant Number

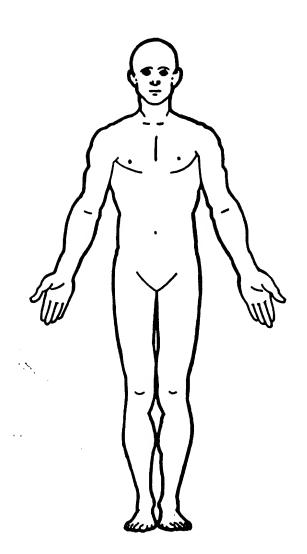
01

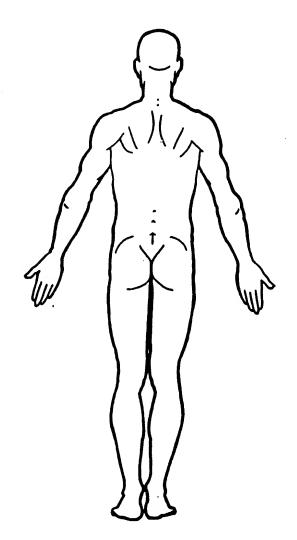
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| | | | | 0.I.C | -A.I.S | | | _ | Injury | | Occupant |
|------|-----------------------------|----------------|----------------------------------|-----------------------------------|---------------------------|--------------------|--------|-------------------|------------------------------|---------------------------------|-----------------------------|
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Source Confidenc Level | Direct/ e Indirect Injury | Area Intrusion Number |
| 1st | 5. 7 | 6. <u>2</u> | 7.9 | 8. <u>0 6</u> | 9. <u>O Q</u> | 10. / | 11.0 | 12.9/ | 13 | 14.3 | 15. 00 |
| 2nd | 16. 7 | 17. 7 | 18. 9 | <u>, 0 2</u> | _{20.} <u>O J</u> | 21 | 22. 1 | _{23.} 45 | 24 | 25 | 26. <u>00</u> |
| 3rd | 27 | 28 | 29 3 | o | 31, | 32 | 33 | 34 | 35 | 36, | 37 |
| 4th | 38 | 39 | 404 | 1 | 42 | 43 | 44 | 45 | 46 | 47 | 48 |
| 5th | 49 | 50 | 51 5 | 2. | 53 | 54. <u> </u> | 55 | 56 | 57 | 58 | 59 |
| 6th | 60 | 61 | 626 | 3. <u> </u> | 64 | 85. <u> </u> | 66 | 67 | 68 | 69 | 70 |
| 7th | 71 | 72 | 73 7 | 4 | 76 | 78 | 77 | 78 | 79 | 80 | 81 |
| 8th | 82 | 83 | 84 8 | 15 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
| 9th | 93 | 94 | 95 |)6 | 97 | 98 | 99 | 100 | 101 | 102 | 103 |
| 10th | 104 | 105 | 108 10 | 07 | 108 | 109 | 110 | 111 | 112 | 113 | 114 |

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OFFICIAL INJURY DATA - SKELETAL INJURIES Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are

Arterial Blood

Restrained?

___ No

Blood Alcohol Level (mg/dl)

BAL -

Glasgow Coma Scale Score

GCSS - ___

Units of Blood Given

Units =

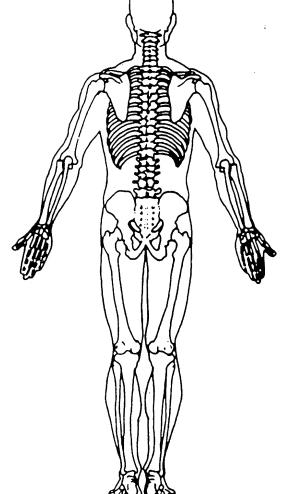
unavailable.)

Gasos

PO, -

PCO.

HCO,



National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

| OCCUPANT INJURY DATA SUPPLEMENT | | | | | | | | | | |
|---------------------------------|-------------|-----------|-------------|--------------------|--------------------|---------|------------------|---------------------|--------------------|-------------------|
| | | | 0.I.CA | N.1.S | | | | Injury | | Occup |
| Source | | Type of | Specific | | | • | | Source | Direct/ | Area |
| of Injury | Body | Anatomic | Anatomic | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Confidence Level | Indirect Injury | Intrusio Numbe |
| Deta | Region | Structure | Structure | injury | 300011(4 | Aspect | | 20401 | · · · · · · · | |
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National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY ZONE CENTER | SECOND LEVEL REVIEW | | | | | |
|---|---|--|--|--|--|--|
| 1. PSU Number 2. Case Number – Stratum 3. Vehicle Number 4. Occupant Number | 16. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | | | | | |
| 5. Documentation of Interview Date on Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING | AIS AIS 1-7 3-6 17. Number of Rows Added by Second Level Reviewer 18. Number of Rows Deleted by Second Level Reviewer | | | | | |
| Injury Mechanisms & Mechanisms & Information Intrusions 6. Date Deta Included With Initial Submission Coded 7. Coded By (Initials) 8. Date Update Received | ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15 | | | | | |
| Ontect Injury Information 9. Date Data Includedi _ I I With Updated Submission Coded 10. Coded By {Initials} AIS AIS | 19. Date Of Second Level// Review 20. Reviewed By (Initials) | | | | | |
| 1-7 3-6 11. Number of Injury Rows Coded 12. Number of Unknown Injuries 13. Number of Unknown Injury Contact Mechanisms MDE STATUS 14. Date MDE'ed 15. MDE'ed By (Initials) | | | | | | |

National Highway Traffic Safety Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| 1. Primary Sampling Unit Number NCST | Interviewee(s) Role or Name(s): | | | |
|--|--|--|--|--|
| 2. Case Number - Stratum 9304 | Driver | | | |
| 3. Vehicle Number | | | | |
| Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data. | | | | |
| If the driver was not the person interviewed, was an appointment made for a follow-up interview? | | | | |
| DRIVER'S DESCRIPTION OF ACCIDENT EVENTS | | | | |
| Briverio Becom | | | | |
| Travelling SB in #1 /am No avoidance manager s damage to my car othe Tratted CCW and | 25-30 mph - steady pace - not accelerating other car spun into me, no frontal cer hit my left side, girbag went off solled over onto right side (soft roll) coming | | | |
| to rest against a pole | | | | |
| 70 753 33 1113 3 7 | | | | |
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| OCCUPANT'S DES | CRIPTION OF ACCIDENT EVENTS | | | |
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ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH



National Highway Traffic Safety

INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| Administration | OROGINION INCOME DATA OF OF EACH |
|---|--|
| 1. Primary Sampling Unit Number $NCST$ 2. Case Number - Stratum 9304 | Interviewee(s) Role or Name(s): |
| 3. Vehicle Number <u>O 2</u> | |
| ACCIDEN ⁻ | T DATA QUESTIONS |
| 1. Can you tell me in which direction you were trave | eling? 6a. What actions did you take? |
| [] North [X] South [] East [] West (Optional - Where were you coming from or goin 30 ins home from work 2. In which lane were you traveling? (Note: Lane 1 is designated as the right curb lane) | [] Accelerating [] Steering left [] Steering right [] Other (specify): |
| [1] [2] [3] [4] [] Other (specify): | 7. Where was your vehicle at the time of the collision? |
| 3. Can you remember your estimated travel speed (in per hour) before the accident? [] Stopped [] 1-10 [] 10-20 [] 20-30 [] 30-40 [] 40-50 [] 50-60 [] 60-70 [] 70 + 4. Just before the accident, can you tell me what you intending to do or were doing? [] Going straight [] Stopped [] slowing [] Accelerating [] Turning left [] Turning right [] Changing lanes to left [] Changing lanes to left [] Changing lanes to left [] Other (specify): | [] Off roadway to left [] Other (specify): 8. Was your travel speed at the time of the collision different from your previous travel speed? No [] Lower [] higher [] Unknown 8a. Can you estimate your speed at the time of the collision? |
| 5. Did you experience any loss of control due to we conditions or mechanical problems? No Yes (If yes, describe below) | 9. Immediately following the collision, can you describe how your vehicle moved to its stopped position? rotated CCW about 90 degrees rolled up onto risht side - off road against a pole |
| 6. Did you have to take any <u>avoidance actions prior accident?</u> No - Go to question 7 Yes - Go to question 6a | 10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions? 1- other car us my Left side 2- Right side of my car (rollover) 3- Top of my car - hit poke (barely) |

| . Primary Sampling Unit Number | 3. Vehicle Number $0 \ 2$ |
|---|---|
| 2. Case Number - Stratum 9304 | 4. Occupant Number O |
| VEHICLE/DRIVER D | ATA QUESTIONS |
| 1. Can you tell me the year, make, model of your vehicle? 1 9 8 6, Plymouth, Sandance Year Make Model 2. Can you describe the damage to your vehicle? | 7b. Were any of the belts removed or not functional price to the accident? ☑ No [] Yes (If "Yes", specify which belt and describe problem) |
| 3. Was there any previous damage to your vehicle that is not related to this accident? No [] Yes (If "yes", describe below) | 8. Do any of the front belts move along a motorized trac when the door is opened or closed? ⋈ No (If "No", go to question 9) [] Yes (If "Yes", what seat location?) [] Left Front [] Right Front |
| 4. Did any of the doors (hatch, tailgate) open during the accident? No Yes (If "Yes", describe below) | 8a. Were the motorized belts working properly before the accident? [] No (If "No", describe condition below) [] Yes |
| 5. Did any of the windows break during the accident? [] No [X] Yes (If "Yes", describe below) | 8b. Were the belts connected to the track prior to the accident? [] No [] Yes [] Unknown |
| 6. Does your vehicle have a glove compartment? [] No [☑] Yes - * | 9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door? No (go to question 10) Yes |
| 6a. Did the glove compartment door come open during the accident? [⋈ No [] Yes [] Unknown | 9a. Does this belt come across the [] Chest only [] Lap and chest 9b. Was this belt connected prior to the accident? |
| 7. Does your vehicle have "seat belts"? [] No (If "No", go to question 7b) [☑] Yes (If "Yes", go to question 7a) | [] No [] Yes [] Unknown |
| 7a. Can you describe the type of seat belt for each seat? Driver's seat [] Lap [\(\) Lap and shoulder | AIR BAGS |
| Front seat middle [] Lap [] Lap and shoulder Front seat right [] Lap [] Lap and shoulder Rear seat left [] Lap [] Lap and shoulder Rear seat middle | 10. Is your vehicle equipped with a driver's side air bag [] No (go to question 11) ☑ Yes (go to question 10a) [] Unknown (go to question 11) |
| (Identify seat belts for third row and beyond | 10a. Did the air bag inflate during the accident? [] No (go to questions 10b and 10c) [※] Yes (go to question 10e) |

| National Accident Sampling System-Crashworthiness Dat | a System: Interview Form | Page |
|--|--|----------|
| 1. Primary Sampling Unit Number <u>NC ST</u> | 3. Vehicle Number | 0 2 |
| 2. Case Number - Stratum 9304 | 4. Occupant Number | 01 |
| VEHICLE/DRIVER DATA (| QUESTIONS (CONTINUED) | |
| 12h. Were any of these items added after you owned the child safety seat? [] Yes | OPTIONAL If you do not know where the vehicle is or if the permission is needed for inspection. 15. Do you know where the vehicle is currently 16. May I take a look at your vehicle to as damage? [] No [] Yes DRIVER ONLY 17. What race do you consider yourself? [> White [] Black [] American Indian, Eskimo or Aleut, Asian Pacific Islander [] Other (specify: [] Unknown. 18. Are you of hispanic origin? No | located? |
| 14. Can you tell me the mileage on the vehicle? | [] Yes | |
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4.

| 3. Vehicle Number 4. Occupant Number 5d. Were you (Was he/she) [冯 Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [冯 No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No |
|--|
| 5d. Were you (Was he/she) [A Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [A] No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No |
| 5d. Were you (Was he/she) [內 Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION 6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [內 No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No |
| [Sitting upright or |
| thrown from the vehicle during the accident? [No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No |
| [] Yes (Describe:) |
| OCCUPANT RESTRAINT |
| 7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [] Yes [] Unknown 7a. Were you (Was he/she) wearing the [] Lap belt? [] Lap and Shoulder belt? [] Shoulder belt? |
| 7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [⋈] Low on lap [] Other (specify:) [] Unknown |
| 7c. Can you describe how you were (he/she was) wearing the shoulder belt? [以 Over the shoulder [] Under the arm [] Behind the back [] Behind the seat [] Other (specify:) |
| 7d. Did any part of the belt system break or tear? [No [] Yes (If "Yes", describe) [] Unknown |
| OCCUPANT ENTRAPMENT 8. Were you (Was he/she) trapped in the vehicle? [X] No [] Yes (If "Yes", describe) |
| |

PSU Number NCSI

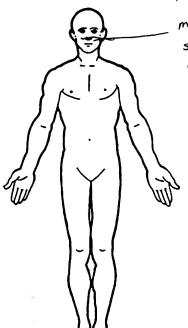
Case Number – Stratum 9 3 0 4 Vehicle Number 0 2

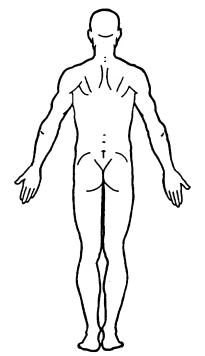
Occupant Number 0

INJURY DATA FROM INTERVIEWEE(S)

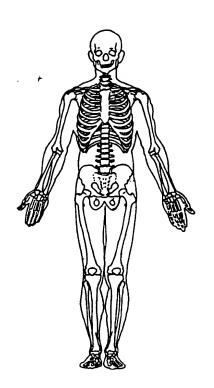
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Driver / same person

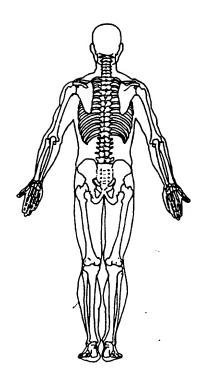
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

| National Accident Sampling System-Crashworthiness Data | 2.0 |
|--|--|
| 1. Primary Sampling Unit Number \(\frac{NC \sqrt{2}}{} \) | |
| 2. Case Number - Stratum 9304 | 4. Occupant Number <u>8 /</u> |
| OCCUPANT INJURY | DATA QUESTIONS |
| Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) Yes (If "Yes", complete Occupant Injury Questions) Unknown | 5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown |
| Did you (he/she) receive any cuts, abrasions, or bruises? No (go to question 3) Yes (If "Yes", record the exact location(s) and size on the manikin(s).) Unknown 2a. Do you know what caused your (his/her) injury(s)? | 6. Did you (he/she) suffer any joint sprains or muscle strains? ⋈ No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown |
| [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown | 6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown |
| 3. Did you (he/she) experience any broken bones? ⋈ No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown | 7. Did you (he/she) receive treatment for your (his/her) injury(s)? [] No (If "No", go to question 8) [☑] Yes (If "Yes", go to question 7a) |
| 3a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) Unknown 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown 4a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) on the manikin(s).) 1 Unknown | 7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.) [] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No" give an explanation) |
| [] Unknown 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown | No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.) |

| Primary Sampling Unit Number NCST | 3. Vehicle Number | 0 0 |
|--|--|--------------------|
| Case Number - Stratum 9304 | 4. Occupant Number | 01 |
| OCCUPANT INJURY DATA | QUESTIONS (CONTINUED) | |
| e. Have you (Has he/she) received any follow-up treatment? No Yes (If "Yes", describe:) Unknown I norder to achieve the best possible scientific data | 8. Have you (he/she) lost any days fro (college)? [] No [X] Yes (If "Yes", determine the nu (Specify:) [] Not working prior to the accide [] Unknown | ımber of days lost |
| regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for signature.) Not requested as Providence had already indicated that no release would be required | | |
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| U.S. Department of Transportation National Highway Traffic Safety Administration | CONTA | CT LOG | NATIONAL ACCIDENT SAME CRASHWORTHINESS I | PLING SYSTEM |
|---|-------------------|---|---|---------------|
| 1. PSU Number | NCSI | 3. Vehicle Numbe | | 0 a |
| 2. Case Number-Stratum | 304 | 4. Assigned Rese | archer Number | |
| VEHICLE INSPECTION | | | INTERVIEW | |
| Date Time ID# Conte | 2 / 2 / — — | 193 193 193 193 193 193 | DRIVER INTERVIEW Time ID# Contact // // // // // | Manner Result |
| | | Occ. No. Date | Time ID# Contact | Manner Result |
| CONTACT (1) Owner/driver (2) Towyard (3) Repair facility (4) Salvage yard (5) Police (6) Insurance company (7) Attorney (8) Other (specify): MANNER (1) Telephone (2) In-person (3) Questionnaire | | CONTACT (0) No interview (1) Driver (2) Other occupar (3) Relative or frie (4) Multiple interv MANNER (0) Vehicle not oc (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify | end viewees from above categories | -36 |
| (4) Other (specify): RESULT (1) Complete inspection (2) Partial inspection (3) Refusal (4) Vehicle moved to known location (5) Vehicle moved to unknown location (6) Vehicle located, no permission to inspect (7) Vehicle repaired (8) No answer/not home (9) Other (specify): | | (05) Out-of-state (06) Refused inte (07) Insurance co (08) Attorney ref (09) No return of (10) Other (speci | gate not available care—surrogate not available resident rview empany refusal usal or litigation questionnaire fy): mpleted questionnaire riew | Machine |

| VE | HICLE INSPEC | TION | | OCCUPANT INTERVIEW | | | VIEW |
|--------|----------------------|-------------|-----------------|--------------------|--------------|--|---------------------------|
| Date | Time | ID# Contact | Manner Result | Occ. No. | Date | Time | ID# Contact Manner Result |
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| 193 | | 1 | 1 10 | | | | |
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National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| 1. Primary Sampling Unit NumberNCST2. Case Number - Stratum93 0 43. Vehicle Number0 3 | 11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown |
|---|--|
| 4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify): Buck Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown | Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: |
| Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown | ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown |
| 7. Body Type Note: Applicable codes may be found on the back of this page. | 45 mph X 1.6093 = 72 kph 14. Attempted Avoidance Maneuver (00) No impact (01) No avoidance actions |
| 8. Vehicle Identification Number 1 G 4 A L 1 9 R Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's | (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating |
| OFFICIAL RECORDS | (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present |
| 9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown | (98) Other action (specify): (99) Unknown |
| 10. Police Reported Travel Speed 9999 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown mph X 1.6093 =kph | 15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown |
| **** SKIP TO VARIABLE GV37 IF G | V07 DOES NOT EQUAL 01-49 **** |

| | na riodani odniping oʻrtimi | |
|-----|--|---|
| | OCCUPANT RELATED | 24. Rollover |
| 17. | Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown | (0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): (5) Rolloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown |
| 18. | Number of Occupant Forms Submitted | OVERBIDE (INDERBIDE (THIS VEHICLE) |
| | VEHICLE WEIGHT ITEMS | OVERRIDE/UNDERRIDE (THIS VEHICLE) |
| 19. | Vehicle Curb Weight Code weight to nearest 10 kilograms. (045) Less than 450 kilograms | 25. Front Override/Underride (this Vehicle) 26. Rear Override/Underride (this Vehicle) |
| | (610) 6,100 kilograms or more (999) Unknown | (0) No override/underride, or not an end-to-end impact |
| | | Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): |
| 20. | Vehicle Cargo WeightO,0 | Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): |
| 21. | RECONSTRUCTION DATA Towed Trailing Unit | (7) Medium/heavy truck or bus override (9) Unknown |
| | (0) No towed unit (1) Yes—towed trailing unit (9) Unknown | HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V |
| 22. | Documentation of Trajectory Data for This Vehicle (0) No (1) Yes | Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown |
| 23. | Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): | 27. Heading Angle For This Vehicle 28. Heading Angle For Other Vehicle O O |
| ı | (9) Unknown | |

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [NO

Nearest kph

(999) Unknown

(NOTE: 000 means greater than

-0.5 kph and less than +0.5 kph) (± 160) ± 159.5 kph and above

(2) VIN determined air bag system

(passive) belts

(3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [V NO

| | Police Reported Other Drug Presence (0) No other drugs present | 7 | DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER |
|-----|--|---|--|
| | (1) Yes (other drug present) (7) Not reported (8) No driver present (9) Unknown | | DEC Specimen Test Test Results Results |
| 38. | Police Reported Drug Evaluation Classification (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present | 0 | Narcotic Drug 40. 0 41. 0 Depressant Drug 42. 0 43. 0 Stimulant Drug 44. 0 45. 0 Hallucinogen Drug 46. 0 47. 0 Cannabinoid Drug 48. 0 49. 0 Phencyclidine (PCP) 50. 0 51. 0 Inhalant Drug 52. 0 53. 0 Other Drug (Excluding 54. 0 55. 0 Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash) |
| | | ~ | Codes For DEC Test Results |
| 39. | Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify): | 0 | (0) No DEC test given (1) Passed DEC test (2) Failed DEC test (3) DEC test given—results unknown (8) No driver present (9) Unknown if DEC test given |
| | (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given | | Codes for Specimen Test Results |
| | (3) Official in appearate test given | | (0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given |
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| AILABLE CO | P٧ |
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| Page 5 | |
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| OTHER DATA | 61. Rollover Initiation Object Contacted O |
|--|--|
| 56. Driver's Zip Code | |
| (00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown | 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane |
| 57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify): | (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown |
| (9) Unknown | (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis |
| 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police | (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction |
| (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown | PRECRASH DATA 64. Pre-Event Movement (Prior to Recognition of Critical Event) |
| ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. | (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane |
| 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over | (05) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes |
| (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type | (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): |
| 60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved | (98) No driver present (99) Unknown |
| (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown | |

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PRECRASH DATA (Continued)

Pedestrian or Pedalcyclist, or Other Nonmotorist Critical Precrash Event 65. (80) Pedestrian in roadway (81) Pedestrian approaching roadway This Vehicle Loss of Control Due To: (82) Pedestrian - unknown location (01) Blow out or flat tire (83) Pedalcyclist or other nonmotorist in roadway (02) Stalled engine (specify): (03) Disabling vehicle failure (e.g., wheel fell off) (84) Pedalcyclist or other nonmotorist approaching (specify): roadway (specify): (04) Non-disabling vehicle problem (e.g., hood flew (85) Pedalcyclist or other nonmotorist—unknown up) (specify): location (specify): (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): Object or Animal (06) Traveling too fast for conditions (87) Animal in roadway (08) Other cause of control loss (specify): (88) Animal approaching roadway (89) Animal-unknown location (09) Unknown cause of control loss (90) Object in roadway (91) Object approaching roadway This Vehicle Traveling (10) Over the lane line on left side of travel lane (92) Object-unknown location (11) Over the lane line on right side of travel lane (98) Other critical precrash event (specify): (12) Off the edge of the road on the left side (13) Off the edge of the road on the right side (99) Unknown (14) End departure (15) Turning left at intersection (16) Turning right at intersection For Corrective Actions Attempted see variable GV14 (17) Crossing over (passing through) intersection (19) Unknown travel direction (Attemped Avoidance Manuever) Other Motor Vehicle In Lane (50) Stopped 66. Precrash Stability After Avoidance Maneuver (51) Traveling in same direction with lower speed (0) No avoidance maneuver (i.e., lower steady speed or decelerating) (1) Tracking (52) Traveling in same direction with higher speed (2) Skidding longitudinally-rotation less than 30 (53) Traveling in opposite direction (54) in crossover (3) Skidding laterally—clockwise rotation (55) Backing (4) Skidding laterally—counterclockwise rotation (59) Unknown travel direction of other motor vehicle (7) Other vehicle loss-of-control (specify): in lane (8) No driver present Other Motor Vehicle Encroaching Into Lane (9) Precrash stability unknown (60) From adjacent lane (same direction)—over left lane line (61) From adjacent lane (same direction) - over right lane line 67. Precrash Directional Consequences of (62) From opposite direction—over left lane line Avoidance Maneuver (Corrective Action) (63) From opposite direction—over right lane line (0) No avoidance maneuver (64) From parking lane (1) Vehicle stayed in travel lane where avoidance (65) From crossing street, turning into same maneuver was initiated direction Vehicle stayed on roadway but left travel lane (66) From crossing street, across path where avoidance maneuver was initiated (67) From crossing street, turning into opposite (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was (68) From crossing street, intended path not known initiated (70) From driveway, turning into same direction (4) Vehicle departed roadway (71) From driveway, across path (72) From driveway, turning into opposite direction (5) Avoidance maneuver initiated off roadway (73) From driveway, intended path not known (8) No driver present (74) From entrance to limited access highway (9) Directional consequences unknown (78) Encroachment by other vehicle-details unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | TO BE COMPLETED BY THE ZONE CENTER |
|--|--|
| 1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form 4. Vehicle Number 5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable | 10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct 11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight |
| (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection under repair (03) Partial inspection repair (04) Partial inspection other (specify): (05) Vehicle cannot be located (06) Vehicle destroyed (07) Vehicle outside of study area (08) Vehicle impounded (09) Vehicle sold | e. Improved PDOF f. CDC g. Trajectory data h. Damage data i. Heading angle for Oldmiss a b c d e f g h i (Blank) Correct or no reconstruction (1) Incorrect |
| (10) Hit and run vehicle (11) Owner could not be located | DATA STATUS OF VARIABLE NUMBERS 3-67 |
| (12) Owner refusal (13) Insurance company refusal (14) Attorney refusal or litigation (15) Repair or tow facility refusal (16) Stolen (17) Wrong name and address on PAR (18) Caseload / staff turnover | 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 |
| (19) Other (specify): 7. Knowledge Of Highest Delta V Results/ | |
| Known (01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS (completed by Zone Center) | 25 26 27 28 29 30 31 32 33 34 35 |
| Unknown (04) Rollover (05) Other non-horizontal force (06) Sideswipe type damage / severe override (07) Vehicle out of scope / pedestrian (08) Yielding object (09) Overlapping damage (10) Insufficient data | 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 |
| (11) Other (specify): (12) OLDMISS form - pending review by Zone Center | 58 59 60 61 62 63 64 65 66 67 |
| 8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes | |
| 9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) (0) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data | Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded |

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG

| U.S. Department of Transportation | | | |
|--|--------------|--------------------|--|
| National Highway Traffic Safety Administration | EXTERIOR VI | HICLE FORM | NATIONAL ACCIDENT SAMPLING SYSTE CRASHWORTHINESS DATA SYSTE |
| Primary Sampling Unit Number Case Number - Stratum | NCSI 9304 | 3. Vehicle Number | <u>03</u> |
| 2. Gase Names - Statem | VEHICLE IDE | NTIFICATION | |
| VIN 1 G 4 A L 1 9 | | | Model Year <u>8</u> <u>6</u> |
| Vehicle Make (specify): Buck | | Vehicle Model (spe | city): Century |

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Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Location of Direct Damage | Location of Field L |
|---|---|
| beg 57cm fund of RR axle - ends RR corner | bes 80 cm full of RR =x = - ands RR cor |
| beg 36cm Food of LF gxle-ends LReoner | beg 40 cm Fuel of LF able - end LR com |
| | beg 57 cm fuel of RR axle - ends RR corne |

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

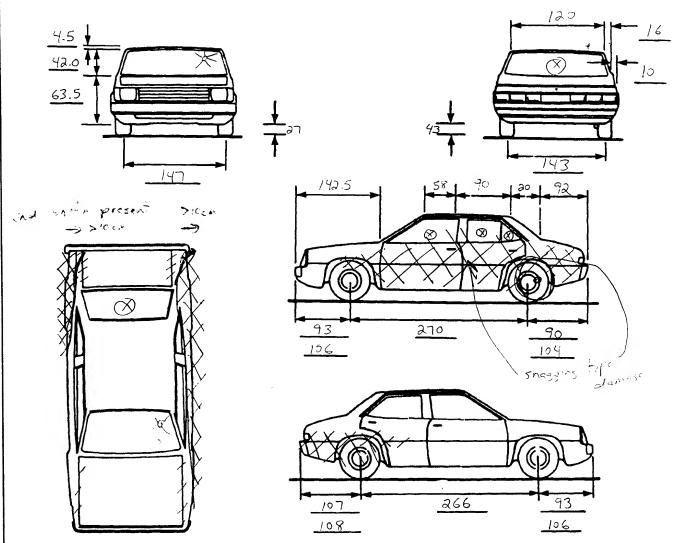
| Specific | Jac as many image | Direct D | Damage | J | | | | | | | |
|------------------|-----------------------------------|----------------|--------------|------------|----------------|----------------|----------------|----------------|----------------|----------------|----------|
| Impact Number | Plane of Impact C-Measurements | Width (CDC) | Max Crush | Field L | C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | ±D |
| 1 | Right - beltline | 164 | C3 | 187 | 29 | 32.5 | 34.2 | 10.0 | 16.0 | 4.5 | -158 |
| | less f.s. | | | | 3.5 | 4-5 | 3.0 | 0 | 4.0 | 4.5 | |
| | Result | | | | 255 | 28.0 | 31.2 | 10.0 | 120 | 0 | -158 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| a | beltline - Left | 396 | | 400 | ٦ | 40 | 29.5 | 13.0 | 9.0 | 5.0 | |
| | | | | | 3 | 0 | 4.5 | 4.5 | 4.0 | 5.0 | |
| | | | | | 0 | 40 | 25 | 8.5 | 5 | 0 | -25 |
| | | | | | | | | | | | |
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ORIGINAL SPECIFICATIONS WORK SHEET

| Wheelbase | 154.9 | inches | x | 2.54 | = | <u> </u> |
|--------------------------|--------|--------|---|-------|---|--------------------------------|
| Overall Length | 189./ | inches | x | 2.54 | = | <u>480</u> cm |
| Maximum Width | 67.7 | inches | x | 2.54 | = | $\frac{1}{2}$ $\frac{2}{2}$ cm |
| Curb Weight | 2,690 | pounds | х | .4536 | = | <u>/,2 2 ○ kg</u> |
| Average Track | _ 57.7 | inches | х | 2.54 | = | <u>/ 4 7</u> cm |
| Front Overhang | | inches | x | 2.54 | = | 106 cm |
| Rear Overhang | | inches | x | 2.54 | = | <u>/ 0 8</u> cm |
| Undeformed End Width | | inches | х | 2.54 | = | cm |
| Engine Size: cyl./displ. | | СС | X | .001 | = | L |
| | | CID | X | .0164 | = | ⁺ L |

| | | VEHICLE DAMAGE | SKETCH | | | | |
|-----------------------------------|--|---------------------------|--------|------|--|--|--|
| TIRE—WHEEL DAMAGE | | ORIGINAL SPECIFICATIONS | | | WHEEL STEER ANGLES (For locked front wheels or | | |
| a. Rotation physically restricted | deflated | Wheelbase | 266 | cm | displaced rear axles only) | | |
| RF 3 | RF ⊋ | Overall Length | 480 | _ cm | RF ± 0 LF ± 0 | | |
| LF 3 | LF | Maximum Width | 172 | _ cm | RR ± o | | |
| RR <u>2</u> LR / | RR <u>a </u> | Curb Weight | 1220 | _ kg | LR ± <u>0 0</u> 0 Within ± 5 degrees | | |
| | <u> </u> | Average Track | 147 | _ cm | vvidini ± 5 degrees | | |
| (1) Yes (2) No (8) NA (9) Unk. | | Front Overhang | 106 | _ cm | DRIVE WHEELS | | |
| TYPE OF TRANSMISSION | | Rear Overhang | 108 | _ cm | | | |
| | | Undeformed End Width | 168 | cm | Approximate | | |
| ☐ Manual 💢 Ai | utomatic | Engine Size: cyl./displ L | | _ L | Cargo Weightkg | | |
| | | L | | | | | |

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

| CDC V | VORKSHEE ⁻ | T |
|---|-----------------------|---|
| CODES FOR (| OBJECT CONTA | ACTED |
| (01-30) — Vehicle Number | | Fence Wall |
| Noncollision | • • | Building |
| (31) Overturn — rollover | | Ditch or culvert |
| (32) Fire or explosion | | Ground |
| (33) Jackknife | (62) | Fire hydrant |
| (34) Other intraunit damage (specify): | | Curb |
| | (64) | Bridge |
| (35) Noncollision injury | (68) | Other fixed object (specify): |
| (38) Other noncollision (specify): | | |
| | (69) | Unknown fixed object |
| (39) Noncollision — details unknown | O 111 · | tal. No officed Object |
| | | on with Nonfixed Object Motor vehicle not in-transport |
| Collision With Fixed Object | | Pedestrian |
| (41) Tree (≤ 10 cm in diameter) | | Cyclist or cycle |
| (42) Tree (> 10 cm in diameter) (43) Shrubbery or bush | | Other nonmotorist or conveyance |
| (44) Embankment | ()-1) | Carlot monimotoriat di convoquino |
| (44) Linbankinent | (75) | Vehicle occupant |
| (45) Breakaway pole or post (any diameter) | | Animal |
| (10) Blockertal poro or poet (an) summer, | | Train |
| Nonbreakaway Pole or Post | | Trailer, disconnected in transport |
| (50) Pole or post (≤ 10 cm in diameter) | (88) | Other nonfixed object (specify): |
| (51) Pole or post (> 10 cm but \leq 30 cm in | | |
| diameter) | (89) | Unknown nonfixed object |
| (52) Pole or post (> 30 cm in diameter) | (0.0) | Other was demonstrate |
| (53) Pole or post (diameter unknown) | (98) | Other event (specify): |
| (54) Concrete traffic barrier | (99) | Unknown event or object |
| (55) Impact attenuator | | |
| (56) Other traffic barrier (includes guardrail) | | |
| (specify): | | |
| DEFORMATION CLASS | SIFICATION BY | ' EVENT NUMBER |
| Accident (1) (2) Event Direction Incremental Sequence Object of Force Value of Number Contacted (degrees) Shift | | (4) (5) Specific Specific (6) Longitudinal Vertical or Type of (7) or Lateral Lateral Damage Deformation Location Distribution Extent |

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | Specific Longitudinal or Lateral Location | Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|---|----------------------------------|--------------------------------|---|---------------------------------------|--|------------------------------|
| 0 1 | 0/ | 070 | | R | Z | E | $\overline{\mathcal{W}}$ | <u>0</u> <u>S</u> |
| 02 | 0 2 | 3 1 0 | | L | $\overline{\mathcal{D}}$ | Ē | W | 03 |
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| | | COLLISION | DEFORMA | TION CLAS | SIFICATIO | N | |
|---|--|----------------------------------|--|---|--|---|------------------------------|
| HIGHEST (| DELTA "V" | | | | | | |
| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
| 4. <u>O</u> | 5. <u>O</u> <u> </u> | 6. <u>0</u> 2 | 7. <u>R</u> | 8. <u>Z</u> | 9. <u>E</u> | 10. <u>W</u> | 11. 03 |
| Second Hi | ghest Delta "V | n | | | | | |
| 12. <u>0</u> 2 | 13. <u>0</u> 2 | 14. 1 0 | _ 15. <u>L</u> | 16. <u>D</u> | 17. <u>E</u> | 18. <u>W</u> | 19. 0 3 |
| | tu— | CRU | SH PROFILE | IN CENTIN | IETERS | | *** |
| | The crush pro in the appr | file for the da | amage described below. (ALL M | I in the CDC(s) | above should | be documente NTIMETERS.) | ed |
| HIGHEST | DELTA "V" | | | | | | |
| 20. L | 21. | | | C ₄ | C ₅ | C ₆ | 22. |
| 187 | 026 | 028 | 031 | <u>010</u> | <u>) </u> | 000 | <u> </u> |
| Second Hi | ighest Delta "V | m | | | | | |
| 23. L | 24. | | | C ₄ | C ₆ | Св | 25. |
| 400 | 000 | 040 | 025 | <u>009</u> 0 | <u>005</u> 0 | <u> </u> | <u> </u> |
| but Not | Cs Documented Coded on The ted File? | | Researcher's As of Vehicle Dispo (0) Not towed of vehicle dama (1) Towed due of vehicle dama (9) Unknown | osition lue to age to | | al Wheelbase _Code to the nearest centim Unknown | <u>266</u> eter |
| | | | | 104 | . 🤦 inches X 2 | .54 = <u>266</u> | centimeters |

| | Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown | 0 | 31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown | _ |
|-----|--|---|---|----|
| * * | | | WAS NOT TOWED AND WAS NOT AN AOPS ** OT COMPLETE THE INTERIOR VEHICLE FORM. | ** |

National Highway Traffic Safety Administration

EXTERIOR VEHICLE LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| TO BE COMPLETED BY TEAM | |
|--|--|
| 1. PSU Number NC SI 2. Case Number—Stratum 9 3 0 4 | 13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2) |
| 3. Researcher Completing Form | |
| 4. Vehicle Number 5. Date Vehicle Inspected | DATA STATUS OF VARIABLE NUMBERS 4-32 Highest CDC |
| TO BE COMPLETED BY ZONE CENTER | 4 5 6 7 8 9 10 11 |
| 6. Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | Secondary CDC 12 13 14 15 16 17 18 19 |
| 7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard | Highest Crush Profile |
| 8. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard | 20 21 22 |
| 9. Number of Exterior Vehicle Slides | Secondary Crush Profile 23 24 25 |
| 10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard | |
| 11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard | 26 27 28 29 30 31 32 |
| 12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify): | Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded |



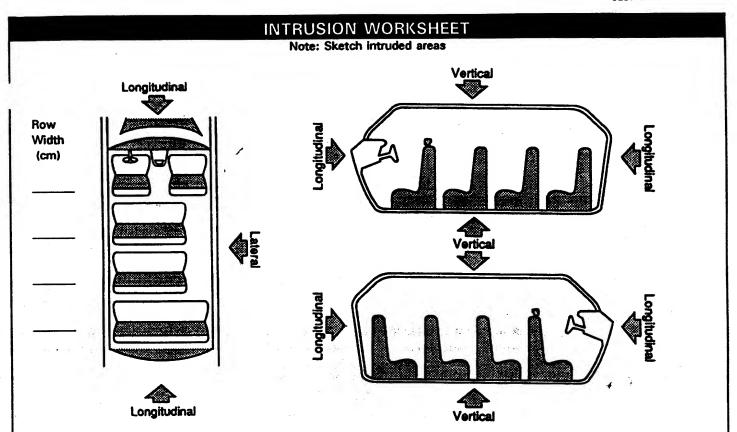
National Highway Traffic Safety

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| AMILIA DE COM | CLAZING |
|---|--|
| 1. Primary Sampling Unit Number NCSI | GLAZING |
| | Glazing Damage from Impact Forces |
| | 15. WS $\frac{2}{}$ 16. LF $\frac{6}{}$ 17. RF $\frac{6}{}$ 18. LR $\frac{6}{}$ 19. RR $\frac{6}{}$ |
| 3. Vehicle Number 0 3 | 20. BL <u>←</u> 21. Roof <u></u> 22. Other <u></u> |
| INTEGRITY | (O) No playing demans from impact forces |
| 4. Passenger Compartment Integrity (00) No integrity loss | (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces |
| Yes, Integrity Was Lost Through (01) Windshield (02) Door (side) | (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident |
| (03) Door/hatch (back door) | (8) No glazing |
| (04) Roof | (9) Unknown if damaged |
| (05) Roof glass | |
| (06) Side window | |
| (07) Rear window (backlight) | Glazing Damage from Occupant Contact |
| | 23. WS 2 24. LF 25. RF 26. LR 27. RR |
| (09) Windshield and door (side) | 23. W3 24. LF 25. RF 20. LR 27. RR |
| (10) Windshield and roof (11) Side and rear window (side window and backlight) | 28. BL <u>O</u> 29. Roof <u>O</u> 30. Other <u>O</u> |
| (12) Windshield and side window | (0) No occupant contact to glazing or no glazing |
| (13) Door and side window (98) Other combination of above (specify): | (1) Glazing contacted by occupant but no glazing damage |
| tool combination of above tepecity). | (2) Glazing in place and cracked by occupant contact |
| · (99) Unknown | (3) Glazing in place and holed by occupant contact |
| | (4) Glazing out-of-place (cracked or not) by occupant |
| | contact and not holed by occupant contact |
| | (5) Glazing out-of-place by occupant contact and holed by occupant contact |
| Door, Tailgate or Hatch Opening | (6) Glazing disintegrated by occupant contact |
| 5. LF 3 6. RF / 7. LR 3 8. RR 3 9. TG/H 0 | (9) Unknown if contacted by occupant |
| 5. LP 5. KP 7. LR 5 8. KR 5 9. IG/H 5 | |
| (O) No door/gate/hatch | If No Glazing Damage And No Occupant Contact or No |
| (1) Door/gate/hatch remained closed and operational | Glazing, Then Code IV31 Through IV46 As Ø |
| (2) Door/gate/hatch came open during collision | |
| (3) Door/gate/hatch jammed shut | Type of Window/Windshield Glazing |
| (8) Other (specify): | |
| | 31. WS $\underline{/}$ 32. LF $\underline{\nearrow}$ 33. RF $\underline{\bigcirc}$ 34. LR $\underline{\nearrow}$ 35. RR $\underline{\nearrow}$ |
| (9) Unknown | 26 DI 2 27 Days () 20 Oabar () |
| | 36. BL <u>→</u> 37. Roof <u>→</u> 38. Other <u>→</u> |
| | (0) No glazing contact and no damage, or no glazing |
| Damage/Failure Associated with Door, Tailgate or Hatch | (1) AS-1 — Laminated |
| Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø | (2) AS-2 — Tempered |
| | (3) AS-3 — Tempered-tinted |
| 10. LF <u>O</u> 11. RF <u>O</u> 12. LR <u>O</u> 13. RR <u>O</u> 14. TG/H <u>O</u> | (4) AS-14 — Glass/Plastic |
| (O) No door/gate/hatch or door not opened | (8) Other (specify): |
| | (9) Unknown |
| Door, Tailgate or Hatch Came Open During Collision | |
| (1) Door operational (no damage) | Window Precrash Glazing Status |
| (2) Latch/striker failure due to damage | |
| (3) Hinge failure due to damage (4) Door structure failure due to damage | 39. WS \perp 40. LF $\stackrel{?}{\sim}$ 41. RF $\stackrel{?}{\circ}$ 42. LR $\stackrel{?}{\sim}$ 43. RR $\stackrel{?}{\sim}$ |
| (5) Door support (i.e., pillar, sill, roof side rail, | |
| etc.) failure due to damage | 44. BL <u> </u> |
| (6) Latch/striker and hinge failure due to damage | (O) No glazing contact and no damage, or no glazing |
| (8) Other failure (specify): | (1) Fixed |
| (0) []-1 | (2) Closed |
| (9) Unknown | (3) Partially opened |

(4) Fully opened (9) Unknown



| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISON VALUE | ii Measu | irements Are in Ce INTRUDED VALUE | ntimeters) = | INTRUSION | DOMINANT CRUSH DIRECTION | |
|-----------------------------|-----------------------|---------------------|----------|---|-----------------|-----------|--------------------------------|---|
| 1/ | 10 | 68-5 | | 67.0 | = | 1-5 | /a+ | |
| 11 | 07 | 63.5 | _ | 55.5 | = | 8-0 | lat | 5 |
| 11 | 13 | 54.0 | | 53.0 | = | 1.0 | lat | |
| 21 | 10 | 70.0 | _ | 40-5 | = | 29.6 | lat | ٥ |
| 21 | 08 | 70.0 | - | 3 <i>6.5</i> | = | 33.5 | lat | / |
| 21 | 13 | 55.0 | | 53.5 | = | 1.5 | lat | |
| 23 | /0 | 70.0 | _ | 65.5 | = | 4.5 | lat | |
| 23 | 08 | 76.0 | | 64.0 | = | 6.0 | lat | |
| | | | | | = | | | |
| | | | - | | = | | | |
| | | | _ | | = | | | |
| | | | _ | | = | | | |
| | | | _ | | = | 45 | | |
| | | | _ | | 8 | | | |
| | | | _ | | = | | | |

OCCUPANT AREA INTRUSION

| Note: If no | intrusions | leeve variables | IV47-IV86 blank. |
|--------------|--------------|------------------|------------------|
| NOUS: II IIO | WILLIASIONS. | ROBYS VALIABLISS | IVT/IVUU DIBIIN. |

| | Note: If no intrusions, leave variables IV47-IV86 blank. | | | | | | | |
|---|--|--------------------------|-----------------|---------------------------|--------------------------------|--|--|--|
| | | Location of Intrusion | | Magnitude of Intrusion | Dominant Crush Direction | | | |
| | 1st | 47. <u>2</u> <u> </u> | 48. <u>0</u> 8. | 49.4 | 50. <u>3</u> | | | |
| | 2nd | 51. 2 1 | 52. 0 | <u>53. 3</u> | 54. <u>3</u> | | | |
| | 3rd | 55 | 56. <u>0</u> 7 | <u>57.</u> | 58.3 | | | |
| | 4th | 59. 2 3 | 60. 0 8 | 61 | 62. <u>3</u> | | | |
| | 5th | 63. <u>2</u> 3 | 64. 0 | 65 | 66. <u>3</u> | | | |
| | 6th | 67 | 68 | 69 | 70 | | | |
| 1 | 7th | 71 | 72 | 73 | 74 | | | |
| | 8th | 75 | 76 | _ 77 | 78 | | | |
| | 9th | 79 | | 81 | 82 | | | |
| | 10th | 83. | 84. | 85. | 86. | | | |

LOCATION OF INTRUSION

| Front Seat | Fourth Seat | |
|-------------|---------------------|---|
| (11) Left | (41) Left | |
| (12) Middle | (42) Middle | |
| (13) Right | (43) Right | |
| Second Seat | (97) Catastrophic | |
| (21) Left | (98) Other enclosed | |
| (22) Middle | area (specify) | |
| (23) Right | (99) Unknown | - |
| Third Seat | 100, 0 | |

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):
- (27) Side panel forward of the A (A2)-pillar
- (28) Side panel rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) \geq 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- $(5) \ge 46$ centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

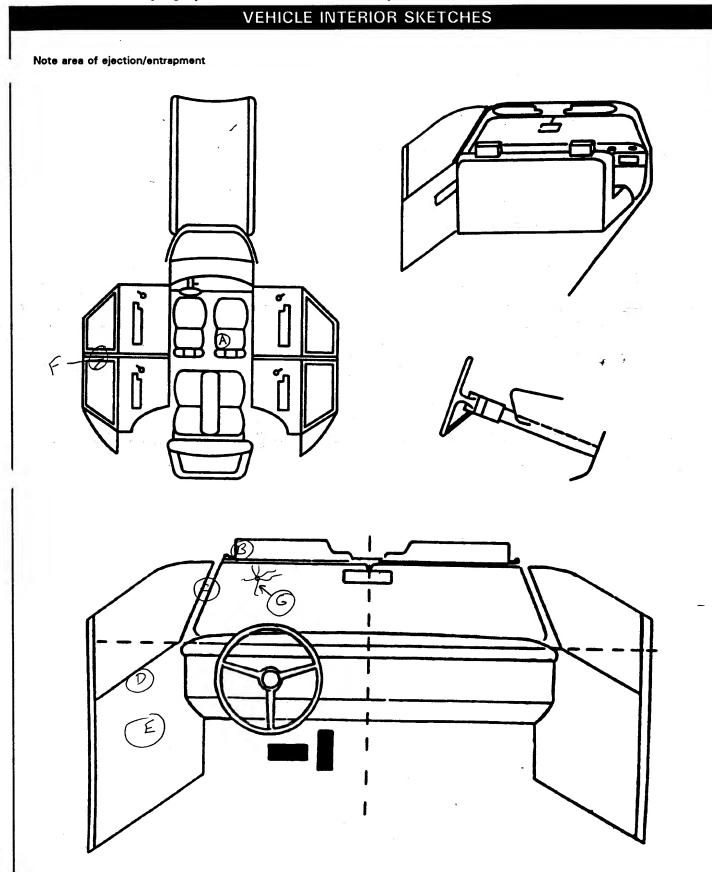
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

(31) Left

- (32) Middle
- (33) Right

| 5 | STEE | RING RIM/SF | OKE DEFO | RMATION | | |
|---------------------------------------|------|-------------|----------|-------------|-------------|---|
| (All Measurements Are in Centimeters) | | | | | | |
| COMPARISON VALUE | | – DAMA | GE VALUE | = . | DEFORMATION | |
| | • | - | | = | | |
| | | _ | | = | | |
| | | _ | | = | | - |
| | , | _ | | = | | |
| | Νo | Deformati | | | | |
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| | | | | | | |

| 87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown | 93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke |
|--|---|
| 88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown |
| | |
| 89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. 90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | S ,000 S ,000 S ,000 |
| 91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS. | 95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown |
| 92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters | 96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown |
| (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown | 97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown |



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

compartment, damage to instrument panel structure.

| POINTS OF OCCUPANT CONTACT | | | | | |
|----------------------------|------------------------------------|-----------------------------|-------------------------------|---|--|
| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
| Α | 40 | 1 | | probable FRP of drive / 19. blood stain | 3 |
| В | 03 · | 1, 1 | head | hair on visor | 1 |
| С | 22 | /. | | blood fx plastic covering A-pillar | 1 |
| D | 20 | 1 | Left side | scutt, cloth residue | 1 |
| Е | 2/ | 1 | Left sile | deformed arm rest/PDOF | a |
| F | 23 | 1 | | bloodstain | 3 |
| G | 01 | 1 | 5 · 2 | spiderweb fx of windshield | 1 |
| Н | | | | - | |
| | | | | | |
| J | | 1 | | * * * | |
| К | 0 | | * | | |
| L | | | 91 | | |
| М | | ÷ | | * 1 | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS FRONT (23) Left B-pillar (46) Other occupants (specify): (24) Other left pillar (specify): (01) Windshield (47) Interior loose objects (02)Mirror (25) Left side window glass or frame (48) Child safety seat (specify): (03) Sunvisor (04) Steering wheel rim (26) Left side window glass including (05) Steering wheel hub/spoke one or more of the following: (49) Other interior object (specify): frame, window sill, A (A1/A2)-pillar, (06) Steering wheel (combination of codes 04 and 05) B-pillar, or roof side rail. ROOF (07) Steering column, transmission (27) Other left side object (specify): (50) Front header selector lever, other attachment (28) Left side window sill (08) Add on equipment (e.g., CB, tape (51)Rear header Roof left side rail deck, air conditioner) (52)(09) Left instrument panel and below RIGHT SIDE (53)Roof right side rail (10) Center instrument panel and below (30) Right side interior surface, (54)Roof or convertible top (11) Right instrument panel and below excluding hardware or armrests Right side hardware or armrest (12) Glove compartment door (31) **FLOOR** (32) Right A (A1/A2)-pillar (13) Knee bolster (56) Floor (including toe pan) (14) Windshield including one or more (33) Right B-pillar (57) Floor or console mounted (34) Other right pillar (specify): transmission lever, including of the following: front header, A (A1/A2)-pillar, instrument panel, console mirror, or steering assembly (driver (35) Right side window glass or frame (58) Parking brake handle (36) Right side window glass including (59) Foot controls including parking side only) (15) Windshield including one or more one or more of the following: of the following: front header, frame, window sill, A (A1/A2)-pillar, A (A1/A2)-pillar, instrument panel, or B pillar, or roof side rail. RFAR mirror (passenger side only) (37) Other right side object (specify): (60) Backlight (rear window) (16) Driver side air bag compartment (61)Backlight storage rack, door, etc. (38) Right side window sill Other rear object (specify): cover (62) (17) Passenger side air bag INTERIOR compartment cover (18) Windshield reinforced by exterior

LEFT SIDE

- Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

object (specify):

(19) Other front object (specify):

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found

| | • | AIR BAGS | |
|-------------------------------------|---|---|--|
| | | Left | Right |
| F | Availability/Function / | 0 | 0 |
| R | Deployment | 0 | 0 |
| S T | Failure ~ | . 0 | 0 |
| (0) (1) <i>Non</i> (2) | System Availability/Function Not equipped/not available Air bag -functional Air bag disconnected (specify): Air bag not reinstalled Unknown | Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown | O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown |
| | <u> </u> | AUTOMATIC BELTS Left | Piohe Piohe |
| | Availability/Function | | Right |
| F | Use Valiability/Function | 0 | 0 |
| Î R | | 0 | |
| S | Type Proper No. | | |
| T | Proper Use Failure Modes | 0 | |
| | railure Modes | 0 | O |
| Availat (0) (1) (2) (3) | atic (Passive) Beit System ility/Function Not equipped/not available 2 point automatic beits 3 point automatic beits Automatic beits - type unknown | Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly | Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in us (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing n included) (3) Broken buckle or latchplate (4) Upper anchorage separated |
| | Automatic belts destroyed or rendered inoperative Unknown | (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back | (5) Other anchorage separated (specify) (6) Broken retractor (7) Combination of above (specify): |
| (0) (1) (2) (3) (9) | ntic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown | (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt | (9) Unknown |
| (0) (1) (2) | atic (Passive) Belt System Type Not equipped/not available Non-motorized system Motorized system Unknown | system (specify): (9) Unknown | |

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

| 1 | Ψ. | Left | | Center | Right |
|--------|---|--|----------------|----------------------------|------------------------------|
| F | Availability | 4 | | 3 | 4 |
| R | Use | 04 | | 00 | 00 |
| S T | Failure Modes | 1 | | 6 | 0 |
| S | Availability | 3 | | 3- | 3 |
| | Use | 00 | | 00 | 00 |
| Ž D | Failure Modes | | 5 | 6 . | 0 |
| T | Availability | | - | | |
| H — | Use | * | i i | | 4 . |
| R D | Failure Modes | · | | * | |
| 0 T | Availability | | | | |
| H | Use | | | 0.8 | |
| E R | Failure Modes | Ξ | | - | |
| | ual (Active) Belt System Avail: | ability * belt | (08) | Other belt used | (specify): |
| į (| 1) Belt removed/destroyed | frayed | (12) | Shoulder belt us | ed with child safety seat |
| | (2) Shoulder belt | slishily 1 tab |) (13) (14) | Lap belt used wi | th child safety seat |
| | (3) Lap belt (4) Lap and shoulder belt | oeening bel | + (14) | safety seat | i beit used with child |
| | (5) Belt available - type unknow | wn retractor tweer | (15) | Belt used with c | hild safety seat - |
| | Integral Belt Partially Destroyed | pinched off seat fract | (18) | Other belt used (specify): | with child safety seat |
| | (6) Shoulder belt (lap belt | 1 1 or i reli | | | |
| (| destroyed/removed) | door won't rein | (99) | Unknown if belt | used |
| (| | peaning tab peaning on below retractor to between the door to retract pinched of between to be to b | (99) | Unknown if belt | used ire Modes During Accide |

| Manual (| Active) | Belt | System | Availability |
|----------|---------|------|--------|---------------------|

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (12) Shoulder belt used with child safety seat

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | N. W. Carlotte | | | | | Total Control | | |
|------|---|-------------------------|----------|-------------|---|--|--|---|
| Occi | upant Number | NA | | | | | | |
| | Type of Child Safety Seat | 1 | | | | | * | |
| | Child Safety Seat Orientation | | | | | | | - |
| | Child Safety Seat Harness Usage | | ÷, | | 4 | | * | |
| | Child Safety Seat Shield Uasge | | | | | | | |
| | Child Safety Seat Fether Usage | | | | | | | - |
| | Child Safety Seat Make/Model | | Spec | ify Bel | ow for E | ach Child Sat | ety Seat | n ver |
| | Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety (8) Unknown child safety (9) Unknown if child safety | ty seat (specif | y): — | 4. (| Child Saf Child Saf Note: Op (00) No Not Desig | child safety s | eld Usage her Usage Are Used for | |
| 2. (| Child Safety Seat Orienta (00) No child safety seat (00) No child safety seat (01) Rear facing (01) Rear facing (02) Forward facing (03) Other orientation (section of the content of the | tion for pecify): | _ | | add (02) Afte (03) Chil hari (09) Unk add Designed (11) Har (12) Har (19) Unk Unknowr (21) Har (22) Har | led, not used er market har ld safety seat ness/shield/teknown if harned or used with Harnes ness/shield/teknown if harn lf Designed ness/shield/teknoss/shi | rness/shield/tet t used, but no ether added ress/shield/tet es/Shield/Tethe ether not used ress/shield/tet With Harness ether not used | ether used o after market ther er d ther used s/Shield/Tether |
| (| 18) Other orientation (s 19) Unknown orientatio | | _ | (| (99) Unk | known if child | l safety seat (| |
| | Unknown Design or Orier Age/Weight, or Unknown (21) Rear facing (22) Forward facing (28) Other orientation (s (29) Unknown orientatio | Age/Weight pecify): | | | | ety Seat Mak make/model | se/Model and occupant | number) |
| İ | | • | | • | | | | · |

HEAD RESTRAINTS/SEAT EVALUATION

| NOTES: | Encode the applicable data for each seat position in the vehicle. The attribute for these variables may |
|--------|---|
| | be found at the bottom of the page. Head restraint type/damage and seat type/performance should be |
| | assessed during the vehicle inspection then coded on the Occupant Assessment Form. |

| | - | Left | | Center | Right |
|-------------|----------------------------|------|--------|---------------------|--------------|
| F | Head Restraint Type/Damage | 3 | | 0 | 3 |
| I R | Seat Type | 02 | | 03 | 02 |
| S | Seat Performance | 6 | | . 0 | 0 |
| ı | Seat Orientation | 1 | | 0 | 6 |
| S | Head Restraint Type/Damage | 0 | -32 | | 0 |
| S E C | Seat Type | 03 | | 03 | 03 |
| 0 | Seat Performance | 0 | 3 | 0 | 0 |
| . D, | Seat Orientation | 0 | -, 14- | , , , , , , , , , O | , <u>,</u> , |
| T | Head Restraint Type/Damage | | -' | | |
| Н | Seat Type | | | | * * |
| Ŕ | Seat Performance | · | | | |
| D | Seat Orientation | | | | ī |
| 0 | Head Restraint Type/Damage | | | | |
| Ť H | Seat Type | | | | |
| E | Seat Performance | · | | | |
| R | Seat Orientation | | | | |

| Head | Restraint | Type/Damage | by | Occupant | at | This |
|-------|-------------|-------------|----|----------|----|------|
| Occui | oant Positi | ion | | | | |

- (0) No head restraints

- (1) Integral no damage
 (2) Integral damaged during accident
 (3) Adjustable no damage
 (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03)Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): Bpillar intrusion caused some lateral seat defirmity
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

| scribe indications of ejection and | body parts in | nvolved in p | artial ejection | (s): | | |
|--|---|--------------|---|------|---|----|
| Occupant Number | | | | | | |
| Ejection | | | 37 | *. | | ** |
| (Note on Vehicle Interior Sketch) Ejection Area | | | 3 | | | : |
| Ejection Medium | | | | . * | - | |
| Medium Status | | | | | | |
| ction 1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear | (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): | | (5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately P to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown | | | |
| TRAPMENT No [\sqrt{1 Ye} escribe entrapment mechanism: _ | | | | | | |



National Highway Traffic Safety
Administration

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

| distribute no n | | | | | | |
|---|---|--|--|--|--|--|
| TO BE COMPLETED BY TEAM | DATA STATUS OF VARIABLE NUMBERS 4-97 | | | | | |
| 1. PSU Number NCSI | Integrity | | | | | |
| 2. Case Number-Stratum / 9 3 0 4 | 4 5 6 7 8 9 10 11 12 13 14 | | | | | |
| 3. Researcher Completing Form | | | | | | |
| 4. Vehicle Number | | | | | | |
| 4. Venice Number | Glazing 15 16 17 18 19 20 21 22 23 24 25 | | | | | |
| TO BE COMPLETED BY ZONE CENTER | | | | | | |
| | | | | | | |
| 5. Documentation Of Integrity | 26 27 28 29 30 31 32 33 34 35 36 | | | | | |
| 6. Documentation Of Glazing | | | | | | |
| | | | | | | |
| 7. Documentation of Intrusions | 37 38 39 40 41 42 43 44 45 46 | | | | | |
| e e | | | | | | |
| 8. Documentation of Steering Column/Wheel | | | | | | |
| | Intrusion | | | | | |
| 9. Documentation of Occupant Contacts | 47 48 49 50 51 52 53 54 55 56 57 | | | | | |
| | | | | | | |
| 10. Documentation of Restraint Systems | | | | | | |
| | 58 59 60 61 62 63 64 65 66 67 68 | | | | | |
| 11. Documentation of Seats | | | | | | |
| | | | | | | |
| 12. Number of Interior Vehicle Slides | 69 70 71 72 73 74 75 76 77 78 79 | | | | | |
| | | | | | | |
| 13. Interior Slides Subject Quality | | | | | | |
| | 80 81 82 83 84 85 86 | | | | | |
| 14. Interior Slides Quality | | | | | | |
| | | | | | | |
| Codes For Log Variables 5-11 and 13-14 | | | | | | |
| (0) Not applicable | Steering Column/Wheel and Instrument Panel | | | | | |
| (1) Substandard - beyond researcher control (2) Substandard | 87 88 89 90 91 92 93 94 95 96 97 | | | | | |
| (3) Standard | | | | | | |
| | | | | | | |
| 15. Number of Coded Intrusions | | | | | | |
| • | Data Status Codes: | | | | | |
| | (Blank) Correct | | | | | |
| | (1) Derived error (2) Non-correctable error | | | | | |
| 4 | (3) Correctable error | | | | | |
| | (4) Change—no error (5) Sequencing error | | | | | |
| * | (7) Incorrect edit override | | | | | |
| , | (8) MDE error (9) Unknown coded | | | | | |



OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety

| diministration | OCCUPANT'S SEATING |
|--|--|
| 1. Primary Sampling Unit Number NC 51 | 10. Occupant's Seat Position |
| 2. Case Number - Stratum 9304 | Front Seat |
| 3. Vehicle Number 0 3 | (11) Left side (12) Middle |
| , | (12) Middle (13) Right side |
| 4. Occupant Number | (14) Other (specify): |
| OCCUPANT'S CHARACTERISTICS | (15) On or in the lap of another occupant |
| 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown | Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant |
| 6. Occupant's Sex (1) Male (2) Female (9) Unknown | Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant |
| 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknowninches X 2.54 =centimeters | Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): |
| 8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown pounds X .4536 = kilograms | (99) Unknown 11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat |
| 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown | (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown |
| | |

| EJECTION/ENTRAPMENT | | | |
|---------------------|---|----------|--|
| 12. | Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown | 0 | 15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown |
| 13. | Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown | | 16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown |
| 14 | Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown | <u>O</u> | |
| | | | |

| RESTRAINT SYST | EM EVALUATION |
|---|--|
| 17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) | 21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown |
| (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): | 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown |
| (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available (11) Belt used properly | 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts |
| (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): | 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown |
| 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): | (9) Police indicated "unknown" |
| (0) Unknown | |

| HEAD RESTRAINT AND SEAT EVALUATION | | |
|---|--|--|
| 25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown | 27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): B pillar intrusion applied lateral pressure on seat bottom causing some deformity (7) Combination of above (specify): (8) Other (specify): (9) Unknown | |
| i e | | |

| CHIL | D SAFETY SEAT |
|---|---|
| 28. Child Safety Seat Make/Model OOO) No child safety seat | 31. Child Safety Seat Harness Usage |
| Applicable codes are found in your NASS CD Data Collection, Coding and Editing (950) Built-in child safety seat | 32. Child Safety Seat Shield Usage |
| (997) Other make/model (specify): | 33. Child Safety Seat Tether Usage |
| (998) Unknown make/model (999) Unknown if child safety seat used | Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat |
| 29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): | O Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used |
| (8) Unknown child safety seat type (9) Unknown if child safety seat used | Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used |
| 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weigh (01) Rear facing (02) Forward facing (08) Other orientation (specify): | Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used |
| (09) Unknown orientation Designed For Forward Facing for This Age/V | Weight |
| (11) Rear facing (12) Forward facing (18) Other orientation (specify): | |
| (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): | |
| (29) Unknown orientation (99) Unknown if child safety seat used | |
| | |

| | INJURY CONSEQUENCES | 38. Working Days Lost 99 |
|--------|---|---|
| 34. | Injury Severity (Police Rating) 3 | Code the number of days (up through 60) that the occupant |
| | (0) O - No injury | lost from work due to the accident |
| | (1) C - Possible injury | (00) No working days lost (61) 61 days or more |
| | (2) B - Nonincapacitating injury | (62) Fatally injured |
| | (3) A - Incapacitating injury / | (97) Not working prior to accident |
| | (4) K - Killed | (99) Unknown |
| | (5) U - Injury, severity unknown | |
| | (6) Died prior to accident (9) Unknown | STOP - GO TO VARIABLE 44 ON PAGE 7 |
| | (5) UIIMIUWII | DIUF - GU IU VARIABLE 44 UN FASE / |
| | | VARIABLES 39 THROUGH 43 ARE |
| 35. | Treatment - Mortality | COMPLETED BY THE ZONE CENTER |
| (1) | (0) No treatment | |
| | (1) Fatal | |
| | (2) Fatal - ruled disease (specify): | 39. Time to Death |
| | <u> </u> | Code number of hours from time of |
| | Nonfatel | accident to time of death up through 24 |
| | Nonfatal | hours. If time of death is greater than 24 |
| | (3) Hospitalization (4) Transported and released | hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up |
| Į i | (5) Treatment at scene - nontransported | 31, 2 days = 32, n days = 30 + n up through 30 days = 60) |
| | (6) Treatment later | (00) Not fatal |
| | (8) Treatment - other (specify); | (96) Fatal - ruled disease |
| | | (99) Unknown |
| | (9) Unknown | |
| 00 | Turn Of Madical Facility (for Initial Transferred) | 40. 1st Medically Reported Cause of Death |
| კნ. | Type Of Medical Facility (for Initial Treatment) | 44 2nd Madisally Danastad Cause of Dank CC |
| | (0) Not treated at a medical facility (1) Trauma center | 41. 2nd Medically Reported Cause of Death |
| | (2) Hospital | 42. 3rd Medically Reported Cause of Death |
| | (3) Medical clinic | Code the Occupant Injury from line |
| | (4) Physician's office | number(s) for the medically reported |
| | (5) Treatment later at medical facility | injury(s) which reportedly contributed to |
| | (8) Other (specify): | this occupant's death |
| 1 | (O) 11-1 | (00) Not fatal or no additional causes |
| | (9) Unknown | (97) Other result (includes fatal ruled disease) (specify): |
| 37 | Hospital Stay 9 | (99) Unknown |
| ١٠/٠ | (00) Not Hospitalized | (33) OHNIOWII |
| l | Code the number of days (up through 60) | |
| 1 | that the occupant stayed in hospital. | 43. Number of Recorded Injuries for |
| | (61) 61 days or more | This Occupant |
| | (99) Unknown | Code the actual number of |
| 1 | | injuries recorded for this occupant. |
| 1 | | (00) No recorded injuries |
| | | (97) Injured, details unknown |
| | | (99) Unknown if injured |
| | <u> </u> | |
| | | |
| | | |
| • | | |

| AUTOMATIC BELT SYSTEM | 48. Automatic (Passive) Belt Failure Modes |
|--|---|
| 44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown | During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): |
| Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown | (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown |
| 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 46. Automatic (Passive) Belt System Type | 49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown |
| (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown | STOP VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER TRAUMA DATA |
| 47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than | 50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured |
| one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): | 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given |
| (8) Other improper use of automatic belt system (specify): (9) Unknown | 52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured |
| ARE ALL APPLICABLE MEDICAL RECO | ORDS INCLUDED NO [1] YES [] |
| LIPDATE CANDIDATE | NO IN YES! |



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

| diministration | |
|--|--|
| TO BE COMPLETED BY TEAM | 14. Was This Occupant Injured? |
| 1. PSU Number | (1) Yes (9) Unknown |
| 2. Case Number—Stratum 9304 | , |
| 3. Researcher Completing Form | 15. Status of Medical Release (0) Occupant not injured |
| 4. Vehicle Number 0 3 | (1) Medical release not required at medical facility |
| 5. Occupant Number | Medical Release Required |
| 6. Interviewer Number | (2) Required not obtained (3) Required obtained |
| 7. Date Interview Completed/ | 16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization |
| 9. Date Official Medical Data Obtained Informed that no record of treatment exists | (O4) Hospitalization (O5) Emergency room treatment only (O6) Treatment at physician's office (O7) Treatment at scene or self treatment (O8) Outpatient surgery (O9) Treatment at medical facility—unknown level of treatment |
| 10. Occupant's Role (1) Driver (2) Passenger (3) Unknown | (99) Unknown |
| | 17. Injury Information Form Record Received Status |
| 11. Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): | a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify): |
| | |

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (O1) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (04) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (08) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview
 - (Excludes Injury Data)
 - (0) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | | | | | |
| 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| | | | | | | | | | | |
| 48 | 49 | 50 | 51 | 52 | | | | | | |
| | | | | I | 7 | | | | | |

Data Status Codes:

(Blank) Correct

- (5) Sequencing error
- (1) Derived error
- (7) Incorrect edit override
- (2) Non-correctable error
- (8) MDE error
- (3) Correctable error
- (9) Unknown coded
- (4) Change—no error



National Highway Traffic Safety Administration

INTERVIEW FORM (A)

| 1. Primary Sampling Unit Number NCSI | Interviewee(s) Role or Name(s): |
|--|--|
| 2. Case Number - Stratum 9394 | |
| 3. Vehicle Number <u>0</u> 3 | |
| Review all available information and interview of acquisition of all pertinent data. | questions prior to conducting interview(s) to ensure the |
| If the driver was not the person interviewed, w | vas an appointment made for a follow-up interview? |
| | IPTION OF ACCIDENT EVENTS |
| | |
| Not Intervi | ewed |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · + | |
| | |
| | |
| OCCUPANT'S DES | CRIPTION OF ACCIDENT EVENTS |
| | |
| | |
| | |
| | / |
| | |
| | |
| | |
| | |



National Highway Traffic Safety

CONTACT LOG

| dministration | | | | OTHORITIMES DATA COLUMN |
|---|--|-----------------|----------------|--|
| 1. PSU Number | | | <u>vcsI</u> | 3. Vehicle Number |
| 2. Case Number-St | ratum | 930 | <u> </u> | 4. Assigned Researcher Number |
| VEH | ICLE INSPEC | TION | | INTERVIEW |
| Date | Time | ID# Contact Mar | nner Result | DRIVER INTERVIEW Date Time ID# Contact Manner Result |
| 193 | | <u>3</u> 2 | <u>. 1</u> | 193 19:45 = 1 2 10 |
| // | | | | 193 /2:00 1 3 |
| ' | : | | | 193 /2:00 1 3 1 |
| ' | : | | | |
| ' | : | | - - | |
| ' | : | | | |
| ' | : | | | |
| ' | | | | OCCUPANT INTERVIEW |
| ' | : | | | Occ. No. Date Time ID# Contact Manner Result |
| ' | : | | | / |
| ' | - | | | ' |
| | | -1,- | | ' |
| | : | | | ' |
| | | | | ' |
| CONTACT (1) Owner/driver (2) Towyard (3) Repair facility (4) Salvage yard (5) Police (6) Insurance compa | any | | | CONTACT (O) No interview (1) Driver (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories |
| (8) Other (specify): | | | | MANNER |
| MANNER (1) Telephone (2) In-person | | | | (0) Vehicle not occupied (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify): |
| (3) Questionnaire (4) Other (specify): | | | | RESULT (01) Unable to contact or locate (02) Hit and run |
| RESULT (1) Complete inspection (2) Partial inspection (3) Refusal (4) Vehicle moved (5) Vehicle moved (6) Vehicle located (7) Vehicle repaired (8) No answer/not (9) Other (specify): | n to known locatio to unknown loca . no permission 1 l home | tion | | (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): |



| V-1 1993 | Dods | se Intrepia | | BEST AVAILABLE CO | |
|---|------|--|--|--|-------------------|
| Dup. Cols. 1-8 Module A B | Form | at <u>Q 1</u> | AIRBAG | SUPPLEMENT | AB-1 |
| ACCIDENT SUMMARY | Y | AIRBAG VEHIC | LE INSPE | CTION | |
| CCIDENT DATE 193 | | DATE VEH. IN | SPECTED | | 193 |
| POLICE INVESTIGATED (1,2,9)* | 1 | REASON VEHIC | LE NOT I | NSPECTED | |
| City County GENERAL LOCALITY (1) Freeway, Limited Access | 8 | (0) Not Requ (1) Inspecti (2) Cannot b (3) Repaired (5) Refual o (7) Other* **Specify: _ | on Comple Locate or Dest r impour | royed** ided** | |
| (2) Urban (City) (2) Urban-Rural (mixed) (4) Rural, Fields | | INTERIOR NOT | • | | 0 |
| CONFIGURATION (First Harm) | 4 | (O) No Data | | đ | |
| (0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe-Same Direction | | (1) CDC Only (2) Crush Pr (3) Trajecto (4) CDC and (5) CDC and (6) Crush an (7) CDC, Cru | ofile Operated Crush Programme Trajecto | Only ** rofile bry - ctory | |
| (6) Sideswipe-Opposite Direct.(7) NonColl:eg Fell from Veh3) NonImpact Deployment(9) Unknown | | BASIS OF DEL (0) Not Comp (1) CRASH - | TA-V | nknown Why) | 8 |
| FIRE INVOLVED (0) None (1) AirBag Vehicle (2) Other Vehicle (3) Both Vehicles (9) Unknown* | 0 | (2) CRASH - (3) Missing (4) Yielding (5) Unknown (6) One Yehl (7) Collision | Damage+ Vehicle Object Basis Cle Bey | Trajectory Algorithm Algorithm ond Scope | |
| NUMBER: VEHICLES INVOLVED | 3 | (8) Insuffic | | | |
| (8)=8 or more PERSONS INVOLVED | 6 | VEHICLE HIS | STORY | | |
| INJURED PERSONS | 4 | HAS AIRBAG N | | | <u> a</u> |
| MAXIMUM AIS IN ACCIDENT | | HAS ANY PRIC | | • • | CE 2 |
| OTHER VEHICLE: MAXIMUM AIS | 9 | | | SYSTEM(1,2,9 |) *[|
| PRIME/DEPLOY IMPACT w AB VEH: EVENT NUMBER | | *Describe:_ | | | |
| coc 10-RZEW-3 | | , | | | |
| TOTAL DELTA-V | 99 | AIRBAG YEHI | CLE: FL | EET Private | |
| Model Year, Make, Model, Body Ty | | V 1 1 | 4 \$ B 3 | E | |
| 1986 Buick Century 4 dr. | | MILE | AGE <u>665</u> 9 | 1 miles | the second second |
| * (1)=Yes, (2)=No. (9)=Unknown | | DRAF | r - 09/0 | 4/85 | |

(12) Constant Light

(99) Unknown

(19) Flashing, Unkn Number

(88) Not Appl (removed)

(45) Pavement surface irregularity (pothole,

grooved, grates)

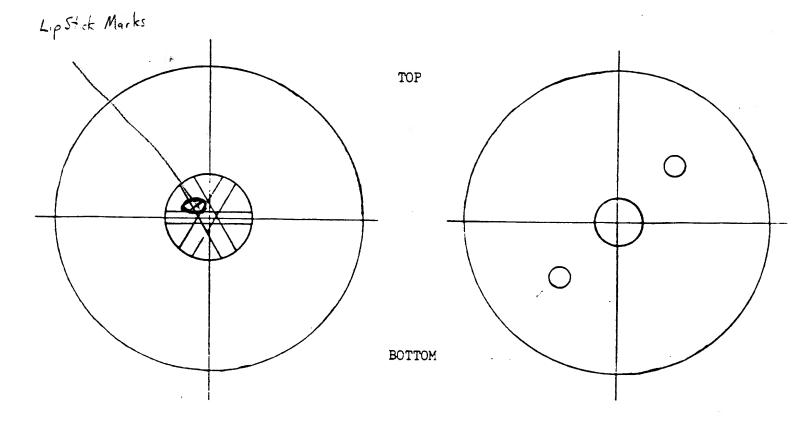
(99) Unknown

and the second of the second o

| | · | | |
|---|-----------|------------------------------|------------------|
| ATREAS VEHICLE IMPACT SUMMARY | | FIRST AIRBAG VEHICLE IMPACT: | |
| 1 THICLE ROLE | 1 | CONFIGURATION | _ |
| · | 1 2 1 0 0 | \mathcal{L} | 9 9 /- |
| FRONT BUMPER E.A. STATUS: Left (1) Normal Right (2) Extended | 9 9 | , NOTES. | |
|) Partial Compression (4) Complete Compression (5) Not Applicable (9) Unknown | | | |

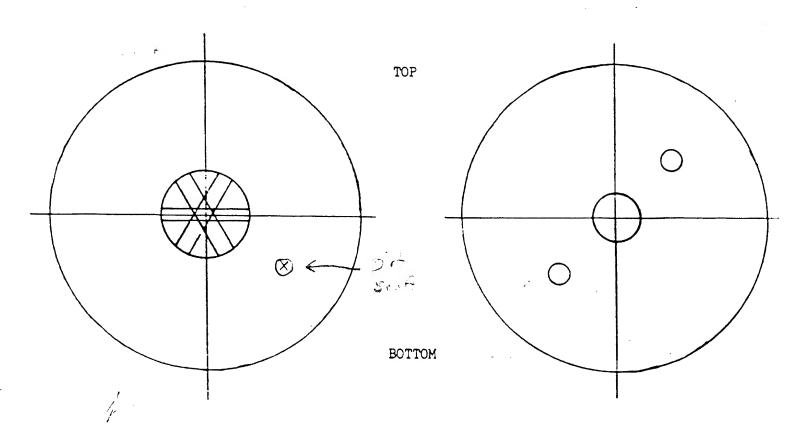
ISTEM DAMAGE AIRBAG SUPPLEMENT AB-4 CONDITION OF DEPLOYED BAG AIRBAG SYSTEM DAMAGE (1) Bag Intact Cuzés: (1) Yes, Damaged* (2) No, Intact (8) Not App.(Removed) (2) Split or Torn* (3) Cut by Object in Impact* (4) Cut after Accident* (9) Unknown (5) Other (e.g., burned)* 0 9 9 9 9 9 0 0 0 0 AIRBAG MODULE (8) N/A (not deployed) (9) Unknown SENSORS: Left Front *DESCRIBE System and Bag Damage: Center Front Right Front Priver Bog intect; lipstick marks from driver just left of center + Rear, Cowl DIAGNOSTIC MODULE just above centerline WIRING KNEE DIVERTER INDICATION OF DISCONNECTED OR LOOSE ELECTRICAL CONNECTORS

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW: DRIVER'S AIR BAG



| : | BEST AVAILABLE CUPY | | | | | | |
|---|---------------------|---|--|--|--|--|--|
| ISTEM DAMAGE Passenger | - Die C | AIRBAG SUPPLEMENT AB-4 | | | | | |
| AIRBAG SYSTEM DAMAGE | | CONDITION OF DEPLOYED BAG | | | | | |
| C_ES: (1) Yes, Damaged* (2) No, Intact (8) Not App.(Removed) (9) Unknown AIRBAG MODULE | رم ا م ا م ا | (1) Bag Intact (2) Split or Torn* (3) Cut by Object in impact* (4) Cut after Accident* (5) Other (e.g., burned)* (8) N/A (not deployed) (9) Unknown | | | | | |
| SENSORS: Left Front | | | | | | | |
| Center Front | 1 - | *DESCRIBE System and Bag Damage: | | | | | |
| Right Front | 9 9 | | | | | | |
| Rear, Cowl | 9 | Passenger Air Bas intect small | | | | | |
| DIAGNOSTIC MODULE | 9 | dit set lower right quadrant | | | | | |
| WIRING | 9 2 3 | | | | | | |
| KNEE DIVERTER | 2 | 2 | | | | | |
| INDICATION OF DISCONNECTED OR LOOSE ELECTRICAL CONNECTORS | 9 | | | | | | |

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



| OCCUPANTS/DRIVER | | | AIRRAG SUPPLEMENT | AB-5 |
|--|--------|--------|-------------------|------|
| CCUPANTS of AIRBAG CAR NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more NUMBER OF INJURED PERSONS MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown | 421 | NOTES: | | |
| Hond/Nonk/Enga | 4 7 | | | |
| Abdomen Leg/Hips Other (Arms) DRIVER MAXIMUM EJECTION: Extent Portal | | | | |

| | DRIVER-PASSENGER | AIRBAG | SUPPLEMENT | AB-6 |
|---|---|--------------------|-----------------------------|---------|
| | DRIVER BELT USAGE: (1) Used (2) Not Used Evidence: peening on tab, slight stretching, PAR | | | |
| | DRIVER POSTURE: Any Comments Recorded (1) Describe driver's posture and position on seat in | | | |
| | on head, torso, buttocks, legs and feet. Also not Did driver brace before crash? Describe: | | | |
| - | Floor right foot on accelerator, both hand Per Ret Get to brake pedal at impact | | | |
| - | DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes Was driver wearing contact lenses or eyeglasses? | | | |
| | object at the time of the impact (packages on lap cigarette, etc.)? Did any lenses, objects, or jew | , pipe, elry pi | food, bottl ay any role? | e, : |
| | did not harm air bas; one ring on each to rings or airbas however a contusion | h hand | I, no dama | se |
| | DRIVER COMMENTS: Comments Recorded (1) Yes | s, (2) N | 0 | |
| | Was the driver aware that the vehicle was equipped restraint system? Did driver offer any comments Did the driver comment on the airbag as a restrain | on smok | e, noise, et | tc.? |
| | 1st thought after impact was that can was on fire o | | • | |
| | tran recalled car dealer informing her of "smoke" deployment, exited vehicle anyway - as precaution - ass | | | • |
| | well - felt Air Beg worked very well + claimed to neve | | | |
| | PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) | | · | 1 |
| | Describe: Passenger Air Bag deployed apparent | | | |
| | driver's Air Bag, small dirt scutt observed in | e lower | runt gusdr | 9 in. [|

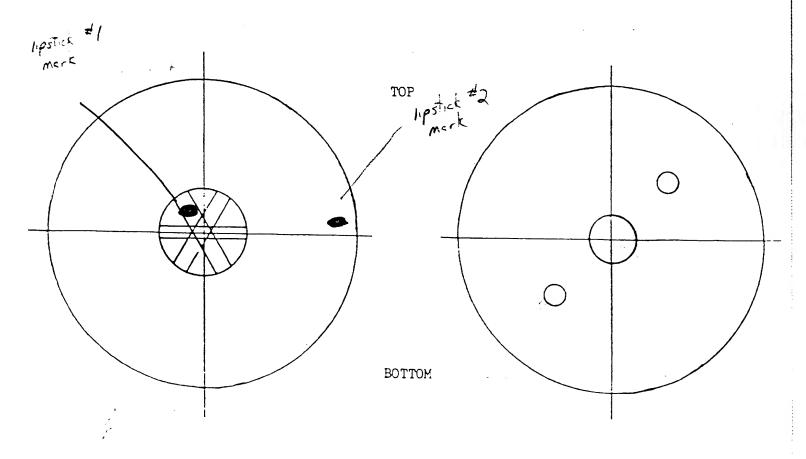
AIRBAG VEHICLE YSTEM READINESS LAMP FIRST HARMFUL EVENT in Instrument Cluster) RRE-IMPACT LAMP CONDITION (01) Fire or explusion (02) Immersion Functioning/ProvedOut (1) (03) Gas Inhalation (2) Inoperative (04) Fell from vehicle (9) Unknown (05) Injured in vehicle (06) Other noncollision (specify): (07) Overturn DRIVER'S REPORT OF (08) Jackknife with intraunit damage PRE-IMPACT FLASHING Collision With: (09) Pedestrian and readstraining Reported (10) recial cyclist (01) Continuous Flashing (11) Railway train (02)(12) Animal -- > Number of Flashes (13) Motor vehicle in transport (same (11)roadway) (12) Constant Light (14) Motor vehicle in transport (other (19) Flashing, Unkn Number roadway) (88) Not App (system removed) (15) Parked motor vehicle (99) Unknown (16) Other type nonmotorist (specify): (17) Thrown or falling object (18) Boulder PERIOD OF PRE-IMPACT FLASHING Collision with Fixed Object: (20) Building 9 (0) No Flashing (21) Impact attenuator/Crash Cushion (1) Same Day as Impact (22) Bridge pier or abutment (2) Prior Day (23) Bridge parapet end Prior Two Days (3) (24) Bridge rail (4) Prior Week (25) Guardrail (5) Prior Month (26) Concrete traffic barrier Over One Month (6) (27) Median barrier (9) Unknowń (28) Other longitudinal barrier (specify): (29) Highway/Traffic sign post (30) Overhead sign support POST-IMPACT LAMP CONDITION (31) Luminaire/Light support (32) Utility pole a (1)Functioning/ProvedOut (33) Other post, pole, or support (specify): (2) Inoperative (34) Culvert -(9) Unknown (35) Curb (36) Ditch (37) Embankment-earth POST-IMPACT FLASHING (38) Embankment-rock, stone or concrete (39) Fence (wooden, wire, chain link, etc.) 99 (00) No Flashing (40) Wall (stone, rock, metal, etc.) (01) Continuous Flashing (41) Fire hydrant (02)(42) Shrubbery -- > Number of Flashes (43) Tree (11)(44) Other fixed object (specify): (12) Constant Light (45) Pavement surface irregularity (pothole, (19) Flashing, Unkn Number grooved, grates) (88) Not Appl (removed) (99) Unknown (99) Unknown

| ATREAS VEHICLE IMPACT SUMMARY | | FIRST AIRBAG VEHICLE IMPACT: | ,, |
|--|----------|---|------|
| "SHICLE ROLE | 1 | CONFIGURATION | 4 |
| (0) Non-collision (1) Striking Unit (2) Struck Unit (3) Both Striking and Struck (9) Unknown MANNER OF LEAVING SCENE (1) Driven (2) Towed-due to damage (3) Towed - not for damage | <u>ය</u> | (0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction (6) Sideswipe-Opposite Direct. (7) NonColl:eg Fell from Veh (8) NonImpact Deployment (9) Unknown CDC 12 - FLAE 9 | |
| (5) Abandoned (9) Unknown | | OBJECT CONTACTED: V3 | |
| NUMBER OF IMPACT EVENTS (8) 8 or more, (9) Unknown | 3 | | |
| ROLLOYER (0) No Rollover (1) First Event | 2 | PRIMARY/DEPLOYMENT.IMPACT: EVENT NUMBER (A account) | 2 |
| (2) Subsequent Event(3) Yes, UnknownEvent(9) Unknown ' | | TOTAL DELTA-V | 9 9 |
| VERRIDE/UNDERRIDE | 0 | LONGITUDINAL DELTA-V | 99 |
| (1) No over/underride (1) Override - 1st CDC (3) - Other CDC (4) Underride - 1st CDC (6) - Other CDC (9) Unknown AIRBAG VEHICLE DAMAGE CODES: (1) Yes, DAMAGED | | CONFIGURATION (0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction (6) Sideswipe-Opposite Direct. (7) NonColl:eg Fell from Veh (8) Nonimpact Deployment | |
| (2) No Damage (9) Unknown | | (9) Unkonwn $CDC $ | |
| LEFT FRONT FENDER DAMAGE | 1 | OBJECT CONTACTED: V3 | |
| RIGHT FRONT FENDER DAMAGE | 14 | | |
| CENTER TOP OF GRILLE DAMAGE | | NOTES: 140 cm of contact damase © some hence extent zon Ven an sproged during IM | down |
| FRONT BUMPER E.A. STATUS: Left | 14 | Venues songed during im | pect |
| (1) Normal Right 2) Extended (3) Partial Compression (4) Complete Compression (5) Not Applicable (9) Unknown | 3 | William LY octor Strong | |

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

INDICATION OF DISCONNECTED OR LOOSE ELECTRICAL

CONNECTORS



a pule (minor device) w/ root

| DRIYER-PASSENGER | AIRBAG SUPPLEMENT AB-6 |
|---|---|
| | d (2) Not Used (9) Unknown stretching to websing PAR interview |
| Describe driver's posture and poon head, torso, buttocks, legs Did driver brace before crash? Normal uprish with hand | s on wheel (10 + 2 octock), left for |
| on floor, (R) foot on acce | lerator |
| object at the time of the impac cigarette, etc.)? Did any lense | es or eyeglasses? Or holding any foreign t (packages on lap, pipe, food, bottle, s, objects, or jewelry play any role?: s contact lens (soft), they did |
| Was the driver aware that the verstraint system? Did driver of Did the driver comment on the analysis of the that air bas | rehicle was equipped with a supplemental offer any comments on smoke, noise, etc.? airbag as a restraint system? Describe: Warked as designed, no comments on get another vehicle w/ air bag |
| PASSENGER-AIRBAG CONTACT (1) Describe: 2 separate lips | • |

APPENDIX D



CRASHPC PROGRAM SUMMARY

National Highway Traffic Safety

-- /055 // 001

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM

| lational Highway Traffic Safety Administration | IVII MIGGS! | rements in methol | CRASHWORTHINES | S DATA SYSTEM | | | | | |
|---|------------------------|---------------------------------|---|------------------|--|--|--|--|--|
| Identifying Title NCST Primary Sampling Unit | 3 0 4 ase NoStratum | O 2 Accident Event Sequence No. | Date (Month, day, year) of R | _ <u>3</u> | | | | | |
| CRASHPC Vehicle Identifica | tion | | | | | | | | |
| Vehicle 1 | 2 Plymout | h Sun | dance | _೩ | | | | | |
| Vehicle 2 198 | 6 Buick | <u>Ce</u> | tury | _3 | | | | | |
| | Year Ma | ke | Model | NASS Veh. No. | | | | | |
| | GENERAL INFORMATION | | | | | | | | |
| VEHICL | | | VEHICLE 2 | | | | | | |
| Size | 2 | Size | | 3 | | | | | |
| Weight | | Weight | | | | | | | |
| 7 + (/ + = | = /2 4 8 kg | 1220 + 80 | + = /3 0 | ○ kg | | | | | |
| Curb Occupant(s) Cargo | - <u></u> | Curb Occupant | · · | | | | | | |
| CDC <u> </u> | FLAET | CDC | 10 L D E | $-\frac{W}{3}$ | | | | | |
| PDOF (-180 to +180) | ± 350 ° | PDOF (-180 to + | -180) <u> </u> | <u> 10°</u> | | | | | |
| Stiffness | 9 | Stiffness | | 3 | | | | | |
| | OOENE | NEODNAATION | | | | | | | |
| | | NFORMATION | | | | | | | |
| Rest and Impact Positions | | Information [] Yes | | | | | | | |
| VEHICL | .E 1 | | VEHICLE 2 | | | | | | |
| Rest X | . m | Rest Position | x | m | | | | | |
| Position | | | Υ | m | | | | | |
| PSI | | | PSI | 0 | | | | | |
| | | | V | | | | | | |
| Impact X Position | m | Impact Position | X | · m | | | | | |
| Y | m | l | Υ | · m | | | | | |
| PSI | | | PSI | · | | | | | |
| Slip Angle(-180 to +180) | | Slip Angle (-180 | to +180) | · ° | | | | | |
| | VEHIC | CLE MOTION | | | | | | | |
| Sustained Contact 1 No |) [] Yes | | | | | | | | |
| VEHIC | LE 1 | | VEHICLE 2 | | | | | | |
| CL:44:(Date) | 1 181- 1 17 | Skidding (Rotati | on) [] No | [] Yes | | | | | |
| Skidding (Rotation) Skidding Stop Before R | ······ | · | op Before Rest [] No | | | | | | |
| Skidding Stop before h | est () NO () res | Skidding St | op before nest () no | () (00 | | | | | |
| End of Rotation X Position | n | n End of Rota Position | tion' X | m | | | | | |
| Y | n | | ′ Y | m | | | | | |
| PSI | | | PSI | · ° | | | | | |
| Curved Path | I] No [] Yes | Curved Path | [] No | [] Yes | | | | | |
| Point on Path | 1 1170 1 1100 | Point on Pat | | | | | | | |
| X m | Yn | | | m | | | | | |
| | | Datesina Nice | on [] None [] CV | VI LOCIN | | | | | |
| Rotation Direction [] N Rotation >360° [] N | | ation >36 | *************************************** | | | | | | |
| T HOTATION 7300 [] I | 40 [] 103 | ation /30 | 10 [] 140 [] 163 | | | | | | |

SUMMARY OF CRASHPC RESULTS USING DAMAGE

93~04

SPEED CHANGE (DAMAGE)

VEHICLE #1

30 KPH (19 MPH) TOTAL LONGITUDINAL -29 KPH (-18 MPH) LATITUDINAL 5 KPH (3 MPH)

-10 DEGREES PDOF ANGLE

ENERGY DISSIPATED = 20023 JOULES (14767 FT-LB)

VEHICLE #2

29 KPH (18 MPH) TOTAL -18 KPH (-11 MPH) LONGITUDINAL 22 KPH (14 MPH) LATITUDINAL PDOF ANGLE -50 DEGREES

ENERGY DISSIPATED = 93229 JOULES (68753 FT-LB)

DAMAGE DATA

VEHICLE #1

VEHICLE #2

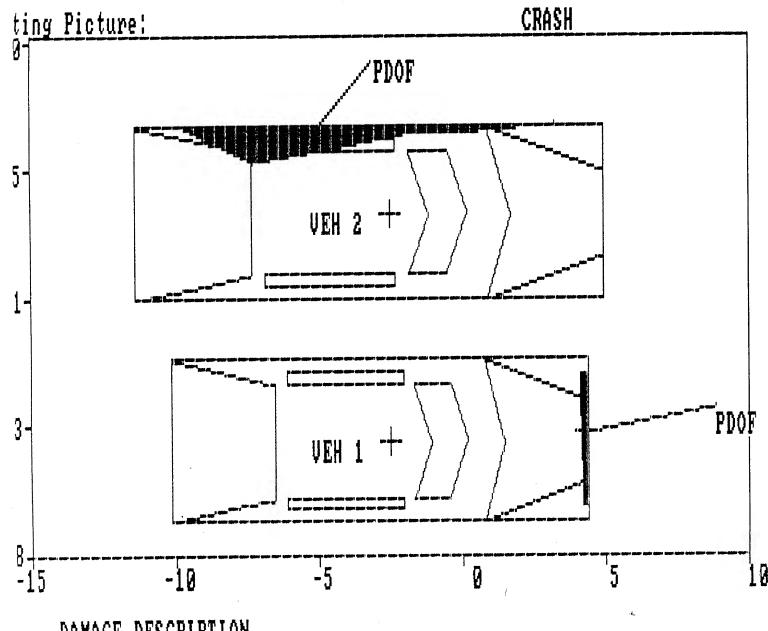
| SIZE CATEGORY | 2 | 3 |
|--------------------|----------------------|----------------------|
| STIFFNESS CATEGORY | 9 | 3 |
| VEHICLE WEIGHT | 1248 KGS (2751 LBS) | 1300 KGS (2865 LBS) |
| CDC | 12FLAE9 | 1 OLDEW3 |
| PDOF ANGLE | -10 DEGREES | -50 DEGREES |
| CRUSH LENGTH | 141 CM. (56 IN.) | 400 CM. (157 IN.) |
| C1 | 10 CM. (4 IN.) | 0 CM. (0 IN.) |
| C2 | 5 CM. (2 IN.) | 40 CM. (16 IN.) |
| C3 | 2 CM. (1 IN.) | 25 CM. (10 IN.) |
| C4 | 0 CM. (0 IN.) | 9 CM. (3 IN.) |
| C5 | 0 CM. (0 IN.) | 5 CM. (2 IN.) |
| C6 | 0 CM. (0 IN.) | 0 CM. (0 IN.) |
| D | 0 CM. (0 IN.) | -25 CM. (-10 IN.) |
| D' | -7 CM. (-3 IN.) | -87 CM. (-34 IN.) |

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|-----------------------|------------------------|
| CG TO FRONT AXLE | 118 CM. (46 IN.) | 130 CM. (51 IN.) |
| CG TO REAR AXLE | 127 CM. (50 IN.) | 141 CM. (56 IN.) |
| TRACK | 139 CM. (55 IN.) | 150 CM. (59 IN.) |
| CG TO FRONT OF VEH | 212 CM. (83 IN.) | 228 CM. (90 IN.) |
| CG TO REAR OF VEH | -233 CM. (-92 IN.) | -270 CM. (-106 IN.) |
| CG TO SIDE OF VEH | 85 CM. (34 IN.) | 92 CM. (36 IN.) |
| MOMENT OF INERTIA | 9576 KGS (21111 LBS) | 11236 KGS (24770 LBS) |
| VEHICLE MASS | 3 KGS (7 LBS) | 3 KGS (7 LBS) |

. F



DAMAGE DESCRIPTION



PRELIMINARY SUMMARY NCSI Case 93-04

Airbag Deployment Accident (Driver and Passenger Side)
Michigan

The NCSI In-depth accident investigation team was notified of this crash on **AND 188** 1993 by **AND 188** of NHTSA.

The accident occurred on 1993 on a principal arterial roadway in 1993 Michigan. The involved vehicles were as follows: a 1993 Dodge Intrepid (case vehicle) equipped with both a driver's side and passenger side airbag supplemental restraint system, a 1986 Buick Century, and a 1992 Plymouth Sundance equipped with a driver's side airbag supplemental restraint system. The accident was investigated on-site by the Police Department.

The case vehicle was traveling southbound in the number three lane when it struck the Buick on the right rear quarter panel. The Buick, which was in the process of a left turn, rotated clockwise approximately 180 degrees and was then struck by the Plymouth which was traveling southbound in the number one lane. The Plymouth rotated counter clockwise, side slapping the Buick, then rolled one quarter turn and impacted a luminaire light pole with its roof.

Upon impact, both driver and passenger side airbags deployed in the case vehicle. Both front occupants were also properly restrained by the passive three-point lap and shoulder belt system of the vehicle. The driver is approximately 67 inches tall and weighs 150 pounds. The RF passenger is approximately 48 inches tall and weighs 70 pounds. Both front seats were in their forward most position. The driver stated that she was transported and released to a nearby hospital where she was treated for a whiplash type injury to the cervical and thoracic spine, an abrasion to the right forearm, and a contusion to the left ring finger. The RF passenger did not seek medical attention although claims an abrasion to the right leg just below the knee and swelling to all ten digits of both hands. Two rear seat passengers, who were properly restrained by lap and shoulder belts were not treated and claim no injuries.

The driver of the case vehicle stated that she believed that the car was on fire immediately after the accident but then recalled that the dealer had informed her that there would be a cloud of powder and smoke in the vehicle should the airbag be deployed. Nevertheless. she quickly exited the vehicle and removed the three child occupants. The driver further stated that the airbag system prevented probable serious injury to both her and the RF occupant and would not own another vehicle without both driver and passenger side airbags.

PHOTOGRAPH INDEX NCSI CASE 93-04

- Photograph #1...Case Vehicle approach, looking south
 - #2...Case Vehicle approach, looking south
 - #3...Case Vehicle approach, looking south
 - #4...Case vehicle approach, area of impact
 - #5...Looking back over impact area, looking north
 - #6...Struck vehicle approach, looking NW
 - #7...Looking back, looking SE
 - #8 through #12..Case Vehicle exterior (repaired)
 - #13...View of Case Vehicle deployed airbags
 - #14... View of Case Vehicle driver's airbag
 - #15...View of Case Vehicle passenger airbag
 - #16...Close-up of passenger airbag, dirt smudge





















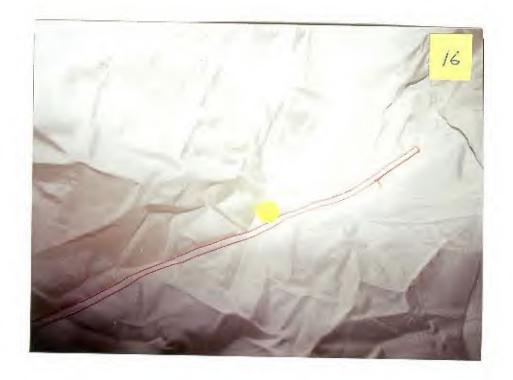














National Highway Traffic Safety Administration

SLIDE INDEX

| Primary Sa | ampling Ur | nit Number <u></u> | CSI Case Number—Stratum 9304 | |
|--------------|----------------|----------------------------|---|--|
| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter | |
| 1-4 | 1 | S | Vehicle I Approach | |
| 5 | 1 | <i>N</i> . | Looking back over VI approach | |
| 6-9 | 3 | N | Veh. 3 approach prior to turning mankever | |
| 10-14 | 3 | NW | Veh. 3 approach through Left turn manuever | |
| 15 | 3 | SE | Looking back over V3 approach (turning manuever) | |
| 16 | 3 | 5 | Looking back over V3 initial approach | |
| 17.30 | a | S | V2 Approach through impact with V3 | |
| 21-22 | a | 5/5W | Va approach to roll, impact with pole, + V2 FRP | |
| 23 | ٦ | NINE | Louking back from V2 FRP | |
| 24-25 | ٦_ | N | Looking back over V2 approach | |
| 26-27 | | | VI Identification - VIN | |
| 28-37 | | | VI Exterior - mostly repaired | |
| 38 | | | VI Interior - shot across front seat | |
| 39-42 | 1 | | VI Driver's Air Bas | |
| 43-47 | 1 | | VI Passenger's Air Bag | |
| 48-59 | 1 | | VI Front Seat Interior showing contact points | |
| 60-61 | 1 | | VI Rear View mirror (broken off from mount) | |
| 62 | | | VI Driver seat position controls - motorized seat | |
| 63-64 | 1 | | VI Driver (LF) seat belt | |
| 65 | / | | VI RF seat belt | |
| 66 | 1 | | VI RR seat belt | |
| 67 | 1 | | VI LR seat belt | |
| 68-73 | 1 | | VI Rear Seat Interior showing contact points | |
| 74-95 | a | | V2 Exterior - showing damage + measurements | |
| 96-106 | a | | Va Front seat interior showing contact points | |
| 107-110 | a | | Va Driver's Air Bas | |
| | <u> </u> | | (OVER) | |

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|--------------|---------------------------------------|----------------------------|---|
| 111-118 | a | | Va Rear Sect Interior showing seat types + intrusions |
| 119 | 2 | | LF seat bett |
| 100 | 2 | | LR seat belt |
| 121-123 | 2 | | LF sect belt shots |
| 124 | 3 | | V3 Identification - VIN |
| 125-144 | 3 | | V3 Exterior showing demose + measurement |
| 145 | 3 | | V3 RR tire showing excessive wear |
| 146-153 | 3 | | V3 Interior |
| 154-155 | 3 | | V3 LF seat belt |
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304 #1



304 #1

















9304 #123









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304 #138

































